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CONTRACTOR SURETY QUESTIONNAIRE

I. GENERAL BUSINESS INFORMATION

COMPANY NAME (as licensed):

CONTACT:

BUSINESS ADDRESS:

(Post Office Box, City, State & Zip Code)

PHYSICAL ADDRESS:

(Street, City, State & Zip Code)

PHONE:

FAX:

Federal I.D. #:

Overnight Service Name:

Yr. Business Started:

If Incorporated, State/Yr.: /

Overnight Service Acct. #:

Type of Business:

Corporation

Partnership

Sole Proprietorship

LLC

STATE CONTRACTOR LICENSES HELD BY YOUR COMPANY:

STATE	CLASSIFICATION - TYPE OF WORK

Was there a predecessor firm?

(If yes, describe)

SUBSIDIARIES AND AFFILIATES:

FIRM NAME

OWNERSHIP

TYPE OF BUSINESS & HOW RELATED

- | | |
|--|----------------------------|
| <ul style="list-style-type: none"> ▪ Has the firm or any of its owners ever failed in business or defaulted on any project? | (If Yes, attach specifics) |
| <ul style="list-style-type: none"> ▪ Has the firm, any owners or officers ever been adjudged bankrupt? | (If Yes, attach specifics) |
| <ul style="list-style-type: none"> ▪ Is the firm or any of its owners or officers currently involved in any litigation? | (If Yes, attach specifics) |
| <ul style="list-style-type: none"> ▪ Have any owners or officers ever been indicted or convicted of a felony? | (If Yes, attach specifics) |

PREVIOUS BONDING EXPERIENCE:

1. Previous Surety: _____ Phone Number: _____
Reason for Leaving: _____
When? _____

2. Previous Surety: _____ Phone Number: _____
Reason for Leaving: _____
When? _____

Have you ever had a bond request denied? (If Yes, Why?)

OWNERS AND STOCKHOLDERS (LIST ALL, ATTACH ADDITIONAL PAGES IF NECESSARY):

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth: _____ Home Phone: _____

Spouse's Name: _____ Occupation: _____ SSN: _____

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth: _____ Home Phone: _____

Spouse's Name: _____ Occupation: _____ SSN: _____

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth: _____ Home Phone: _____

Spouse's Name: _____ Occupation: _____ SSN: _____

Name: _____ Position/Title: _____ % Ownership: _____
Home Address: _____
(Street, City, State & Zip Code)

SSN: _____ Date of Birth: _____ Home Phone: _____

Spouse's Name: _____ Occupation: _____ SSN: _____

II. CONTINUITY

KEY PERSONNEL OTHER THAN OWNERS; PLEASE ATTACH RESUMES:

NAME	POSITION	YRS. EXPERIENCE
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LIFE INSURANCE IN FORCE ON OWNERS AND/OR KEY PERSONNEL:

NAME OF INSURED	BENEFICIARY	AMOUNT (\$)
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A

Insurance Company:

B.

Insurance Company:

C.

Insurance Company: _____

Is there a buy/sell agreement in effect?

How is it funded?

What continuity provisions do you have in place for the continuation of the company?

Who will complete current projects should something happen to the owners and/or other key employees?

Are there any benefits for them to do so?

LARGEST CONTRACTS COMPLETED WITHIN THE PAST THREE (3) YEARS:

Job Description: Contract Price (\$):
Owner: Contact Person & Phone #:
Bonded? Completion Date: Gross Profit (\$)?

Job Description: Contract Price (\$):
Owner: Contact Person & Phone #:
Bonded? Completion Date: Gross Profit (\$)?

Job Description: Contract Price (\$):
Owner: Contact Person & Phone #:
Bonded? Completion Date: Gross Profit (\$)?

Job Description: Contract Price (\$):
Owner: Contact Person & Phone #:
Bonded? Completion Date: Gross Profit (\$)?

LIST THREE (3) SUBCONTRACTORS (OR CONTRACTORS IF YOU ARE SUBCONTRACTOR) WHOM YOU DO BUSINESS WITH:

Name: Phone #:
Address:
Contact:
Job:

Name: Phone #:
Address:
Contact:
Job:

Name: Phone #:
Address:
Contact:
Job:

LIST THREE (3) MAJOR SUPPLIERS YOU DO BUSINESS WITH:

Name: Phone #:
Address:
Contact:
Job:

Name:

Phone #:

Address:

Contact:

Job:

Name:

Phone #:

Address:

Contact:

Job:

This application consists of this instrument, the financial statement(s) and all indemnity, security and trust agreements signed by the applicant with regard to the bond or bonds hereby requested, such financial statement and agreements being incorporated herein by reference.

In addition to routine verification of information pertinent to the bond applied for, if the application is by an individual primarily for personal purposes, or, if the application is for a bond primarily for the benefit of a corporation and the said application be also executed for the officers of the Corporation in a personal not a corporate capacity thereby acting as a co-guarantor thereof, Surety may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individual(s), and upon written request of said individual(s) will disclose in writing the nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

The representations contained in this instrument and in the financial statement(s) are warranted by the applicant to be true. Such representations are made as material inducements to be relief upon by Surety in issuing the bond or bonds hereby requested.

_____ X _____
DATE SIGNED PRESIDENT OR OWNER

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE CONTAINING ANY FALSE INFORMATION OR CONCEALS FOR THE PURPOSE OF MISLEADING INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME AND SUBJECTS SUCH PERSON TO CRIMINAL AND CIVIL PENALTIES.