



HCC Surety Group  
601 S. Figueroa Street Suite 1600, Los Angeles, California 90017

AGENT/BROKER \_\_\_\_\_

PHONE (     ) \_\_\_\_\_

ADDRESS \_\_\_\_\_

FAX (     ) \_\_\_\_\_

\_\_\_\_\_

HCCS Producer Code \_\_\_\_\_

**CONTRACTORS QUALIFICATION QUESTIONNAIRE  
ORGANIZATION AND BACKGROUND**

Name _____	(   ) Individual
Address _____ Fed. I.D. # _____	(   ) Partnership
_____	(   ) Corporation
Phone _____ Fax _____	

Date business formed \_\_\_\_\_ Date Incorporated \_\_\_\_\_

If SUCCESSOR to prior business, Name of Predecessor \_\_\_\_\_

H

Has there been any recent changes in control of your company?    -- Yes    -- No

If so, describe \_\_\_\_\_

**Principal Officers of the Company**

NAME	POSITION	% OF OWNER-SHIP	AGE	DATE OF EMPLOY	SOCIAL SECURITY NO.	NAME OF SPOUSE

Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the event of their death or disability? \_\_\_\_\_ Attach details.

**List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have an interest:**

NAME AND ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

**SCOPE OF OPERATION**

**Key Operating Personnel, General Manager, Superintendents, Engineers, etc.**

Name	Position	Age	Experience

A. Type of work usually performed:

- |               |              |                   |
|---------------|--------------|-------------------|
| Public Bldgs. | Excavation   | Plumbing          |
| Commercial    | Water System | Heating/Air Cond. |
| Highways      | Sewers       | Other _____       |
| Bridges       | Electrical   | _____             |

B. Geographical Areas of Operation

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

C. Percentage of work usually done as a 1. Prime \_\_\_\_\_% 2. Sub \_\_\_\_\_% D. How much of an average job is Sublet? \_\_\_\_\_%

Are bonds required from Suppliers or Subcontractors? -- Yes -- No If yes, over what amount \$ \_\_\_\_\_

Has Supplier or Subcontractor ever failed to complete a contract? -- Yes -- No If so, describe \_\_\_\_\_

Has your company ever experienced a bankruptcy? -- Yes -- No

Been in receivership? -- Yes -- No If so, explain \_\_\_\_\_

Are any liens for labor and/or material filed against your company on any contracts which have been done or are being done by your company? -- Yes -- No If yes, explain \_\_\_\_\_

What size contracts do you feel the company is qualified to do:

- 1.) on a single job \$ \_\_\_\_\_
- 2.) during any one year \$ \_\_\_\_\_
- 3.) have as work on hand at any one time \$ \_\_\_\_\_

What is the anticipated expenditure in respect to the purchase of equipment within the next 12 months?

Total Cost \$ \_\_\_\_\_ Down payment and amount payable within 12 months \$ \_\_\_\_\_

**INSURANCE**

TYPE	LIMITS	ISSUING COMPANY	EXPIRATION DATE	AGENCY
Fidelity				
Liability				
Workers Compensation				
Fire				
Equipment Floater				

Attach a current Certificate of Insurance.

List the six most important contracts completed in the last five years

Owner's Name	Address & Phone Number	Contract Amount	Time Required to Complete
1.)			
2.)			
3.)			
4.)			
5.)			
6.)			

Largest work-on-hand position of company, at any one time was \$ \_\_\_\_\_

During \_\_\_\_\_ and consisted of \_\_\_\_\_ contracts.

Give the names of five principal suppliers.

	Name	Address	Phone #
			Fax#
1.)			
2.)			
3.)			
4.)			
5.)			

**Surety Information**

Present Surety \_\_\_\_\_ Present Rate \_\_\_\_\_

Address \_\_\_\_\_

With present surety \_\_\_\_\_ years.

Largest single contract previously bonded \_\_\_\_\_

Why change of surety? \_\_\_\_\_

Covenants provided to present surety

1. Personal indemnities:    Yes    No    If yes, list indemnitors \_\_\_\_\_

2. Additional Corporate indemnities:    Yes    No    If yes, list additional indemnitors \_\_\_\_\_

3. Is collateral provided:    Yes    No    If yes, explain \_\_\_\_\_

**FINANCIAL INFORMATION**

**Banking**

Name of Bank \_\_\_\_\_  
Address \_\_\_\_\_  
Manager \_\_\_\_\_  
With bank since \_\_\_\_\_  
Previous bank \_\_\_\_\_  
Address \_\_\_\_\_  
Term with previous bank \_\_\_\_\_

**Line of Credit**

Amount \_\_\_\_\_  
Amount in Use \_\_\_\_\_  
Secured by: Yes    No  
A. Accounts receivable  
B. Collateral  
C. Personal covenants  
D. Additional corp. covenants

**Accounting**

Name of Accounting firm \_\_\_\_\_  
Address \_\_\_\_\_  
How long has this firm acted as your auditor? \_\_\_\_\_ years.  
Date last audited Financial Statement was prepared \_\_\_\_\_, \_\_\_\_\_.  
Is statement prepared on an (A) audited or (B) unaudited basis? \_\_\_\_\_  
Completed Job? \_\_\_\_\_ % of Completion \_\_\_\_\_ Accrual? \_\_\_\_\_ Other \_\_\_\_\_

Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted? Yes    No  
If so, describe \_\_\_\_\_

ATTACH PERSONAL FINANCIAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR.

ATTACH LAST THREE (3), COMPLETE FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK-ON-HAND SCHEDULES)

The Undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

Name of Company \_\_\_\_\_

Dated this \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
IF CORPORATION SIGN AND SEAL HERE

\_\_\_\_\_  
WITNESS SIGNATURE OF APPLICANT IF NOT A CORPORATION