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Contractor Bonding Questionnaire

General Information

Contractor			
Address (include county & zip code)			
Phone Number (include area code)			Federal Tax ID No.
Type of work done?			
Operate as: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
Date Business Began?		Fiscal year end:	
Have you or any principal ever:			
Declared bankruptcy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Been convicted of a crime other than a traffic violation?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Been associated with a company that caused a surety a loss?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Prior or current bonding company?			Largest Bond \$
Reason for leaving bond company?			
What were your gross annual receipts last fiscal year?			
Largest previous work program \$			
Anticipated amount of work (next 12 months)			
What percentage of work is normally sub-contracted?			
What is the company's requiring sub-contractors to bond?			
Ownership: complete on an owner holding 5% or more interest in the company.			
A) Full Legal name:		Spouse's name:	
Home address			
City:		State:	Zip: Phone:
% of ownership:	%	Drivers Lic. #:	SS No.:
B) Full Legal name:		Spouse's name:	
Home address			
City:		State:	Zip: Phone:
% of ownership:	%	Drivers Lic. #:	SS No.:
C) Full Legal name:		Spouse's name:	
Home address			
City:		State:	Zip: Phone:
% of ownership:	%	Drivers Lic. #:	SS No.:
Life Insurance: List all insurance on key personnel.			
INSURED NAME	AMOUNT	BENEFICIARY	INSURER
	\$		
	\$		
	\$		
List largest completed jobs within the past five (5) years.			
A) 1. Type of work			
2. Contract price \$		Date completed:	
3. Owner's name:			
Owner address:			
Architect or Engineer (name & address):			

B) 1. Type of work	
2. Contract price \$	Date completed:
3. Owner's name:	
Owner address:	
Architect or Engineer (name & address):	
C) 1. Type of work	
2. Contract price \$	Date completed:
3. Owner's name:	
Owner address:	
Architect or Engineer (name & address):	
D) 1. Type of work	
2. Contract price \$	Date completed:
3. Owner's name and address:	
Architect or Engineer (name & address):	

Banking Relations	
A) Name of Bank	Phone:
Address:	
Does Contractor have a formal line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how much \$	
How much owed? \$	Loan Officer:
B) Name of Bank	Phone:
Address:	
Does Contractor have a formal line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No If "yes", how much \$	
How much owed? \$	Loan Officer:

Creditors: List suppliers for whom contractor buys most materials.			
1. Name:	High Credit	Terms	
Address:		Phone:	
2. Name:	High Credit	Terms	
Address:		Phone:	
3. Name:	High Credit	Terms	
Address:		Phone:	
List all firms in which the stockholders of this company have other ownership even if such companies are not considered affiliated			
Name & address	Stock ownership	Scope of operations	Endorsements by principal or Stockholders

WE CERTIFY THAT INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. WE HEREBY AUTHORIZE LSJ INSURANCE AGENCY TO SUBMIT THIS APPLICATION ON OUR BEHALF AND AUTHORIZE THE INSURANCE COMPANY IT REPRESENTS TO INVESTIGATE DIRECTLY, THROUGH TRADE CREDIT REPORTING COMPANIES, AND THROUGH CONSUMER CREDIT REPORTING AGENCIES ANY INFORMATION PERTAINING TO THIS COMPANY AND/OR THE INDIVIDUALS INVOLVED IN THIS COMPANY. WE AUTHORIZE OUR BANKS, CREDITORS, AND SUPPLIERS TO RELEASE CREDIT HISTORY TO THE INSURANCE COMPANY.

Signature: _____ Date: _____

Printed Name: _____ Title: _____