

**LSJ Insurance Agency**  
 1353 Palmetto Ave. Ste. 100 Winter Park, FL 32789  
 P 1.888.848.1787, P 321.872.4863, F 407.628.1671  
**Contractor Bonding Questionnaire**

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1. Contractor: \_\_\_\_\_
2. Address (include County & Zip Code): \_\_\_\_\_
3. Phone Number (include area code): \_\_\_\_\_ Federal ID Number: \_\_\_\_\_
4. Type of work done? \_\_\_\_\_
5. Operates as  Proprietorship  Partnership  Corporation  Limited Liability Company
6. Date Business Began? \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_
7. Have you or any principals ever:
  - declared bankruptcy?  Yes  No
  - been convicted of a crime other than a traffic violation?  Yes  No
  - been associated with a company that caused a surety a loss?  Yes  No
8. Prior or Current Bonding Company? \_\_\_\_\_ Largest Bond \$ \_\_\_\_\_
9. Reason for leaving Bond Company? \_\_\_\_\_
10. What were your gross annual receipts last fiscal year? \_\_\_\_\_
11. Largest previous Work Program \$ \_\_\_\_\_
12. Anticipated Amount of Work (next 12 months): \_\_\_\_\_
13. What percentage of work is normally sub-contracted? \_\_\_\_\_
14. What is your company's policy requiring sub-contractors to bond? \_\_\_\_\_

15. Ownership: Complete on an owner holding 5% or more interest in the company.
  - A) Full Legal Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 % of Ownership \_\_\_\_\_% Social Security #: \_\_\_\_\_  
 Drivers License # \_\_\_\_\_
  - B) Full Legal Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 % of Ownership \_\_\_\_\_% Social Security #: \_\_\_\_\_  
 Drivers License # \_\_\_\_\_
  - C) Full Legal Name: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_  
 Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 % of Ownership \_\_\_\_\_% Social Security #: \_\_\_\_\_  
 Drivers License # \_\_\_\_\_

16. Life Insurance: List all insurance on key personnel.

INSURED	AMOUNT	BENEFICIARY	INSURER
	\$		
	\$		
	\$		

17. List largest completed jobs within the past five (5) years.
  - A) 1. Type of work: \_\_\_\_\_
  - 2. Contract Price: \$ \_\_\_\_\_ Date completed: \_\_\_\_\_
  - 3. Owner's Name and Address: \_\_\_\_\_
  - 4. Architect or Engineer (name & phone): \_\_\_\_\_

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## Contractor Bonding Questionnaire

- B) 1. Type of work: \_\_\_\_\_  
 2. Contract Price \$ \_\_\_\_\_ Date completed: \_\_\_\_\_  
 3. Owner's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 4. Architect or Engineer (name & phone): \_\_\_\_\_
- C) 1. Type of work: \_\_\_\_\_  
 2. Contract Price \$ \_\_\_\_\_ Date completed: \_\_\_\_\_  
 3. Owner's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 4. Architect or Engineer (name & phone): \_\_\_\_\_
- D) 1. Type of work: \_\_\_\_\_  
 2. Contract Price \$ \_\_\_\_\_ Date completed: \_\_\_\_\_  
 3. Owner's Name and Address: \_\_\_\_\_  
 \_\_\_\_\_  
 4. Architect or Engineer (name & phone): \_\_\_\_\_

**Banking Relations:**

- A) Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Does Contractor have a formal line of credit?  Yes  No If "yes", how much \$ \_\_\_\_\_  
 How much owed? \$ \_\_\_\_\_ Loan Officer: \_\_\_\_\_
- B) Name of Bank: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Does Contractor have a formal line of credit?  Yes  No If "yes", how much \$ \_\_\_\_\_  
 How much owed? \$ \_\_\_\_\_ Loan Officer: \_\_\_\_\_

**18. Creditors:** List suppliers for whom contractor buys most materials.

- A) Name: \_\_\_\_\_ High Credit \$ \_\_\_\_\_ Terms: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- B) Name: \_\_\_\_\_ High Credit \$ \_\_\_\_\_ Terms: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_
- C) Name: \_\_\_\_\_ High Credit \$ \_\_\_\_\_ Terms: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**19.** List the names of all firms (whether affiliated or not), in which the stockholders of this company have other ownership in.

NAME & ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENTS BY PRINCIPAL OR STOCKHOLDERS

20. Are you applying for contract bonding line of credit?  Yes  No, if yes how much \$ \_\_\_\_\_

21. Are you applying for one bonding opportunity?  Yes  No, if yes, what is your bond amount \$ \_\_\_\_\_

**NOTE:** I / WE CERTIFY THAT INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. WE HEREBY AUTHORIZE THE INSURANCE COMPANY 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.

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Signature: \_\_\_\_\_ / \_\_\_\_\_  
Print Name Title