

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

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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- 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