

PINNACLE SURETY & INSURANCE SERVICES CONTRACTORS QUESTIONNAIRE

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualifications. Please complete this form as accurately as possible. Please answer every question.

Organization and Background: The Company name is the entity for which bonding is requested and is referred to in the Surety business as the "PRINCIPAL"

COMPANY'S NAME: (As it is filed with the Secretary of State or the IRS)

ADDRESS: _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Joint Venture <input type="checkbox"/> Sole Proprietorship
TELEPHONE: _____ FAX: _____	FEDERAL TAX I.D. # _____
CONTACT PERSON: _____	CONTRACTOR'S LICENSE # _____
YEAR BUSINESS STARTED: _____ YEAR INCORPORATED _____	
STATE OF INCORPORATION: _____ FISCAL YEAR END: _____ / _____	
COMPANY WEBSITE ADDRESS: _____	

CORPORATE OFFICERS

President	Secretary
Vice President	Treasurer

KEY PERSONNEL

Name	Position	Time with Firm	Experience

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES (Are any owners of this company connected with the ownership of another company?)

Name	Location	Owned By	Scope of Operations

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS AND **EXPLAIN ALL "YES" ANSWERS ON AN ADDITIONAL PAGE OR IN THE COMMENTS SECTION ON PAGE 6 OF THIS QUESTIONNAIRE**

- | | |
|--|--|
| a. Has there been any change in the ownership of the company in the past two years? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Do you have a continuity plan? (In event of death or disability) | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Has the company ever failed to complete a contract? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been in receivership? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| e. Are there any liens filed against the company's or related entity's projects? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| f. Are you involved in any litigation? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| g. Been in claim with a Surety? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| h. Will your firm, subsidiaries and affiliates and all stockholders and their spouses willingly indemnify for any and all bonded obligations? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| i. Has an owner been convicted of a felony or misdemeanor? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Telephone: (714) 546-5100 151 Kalmus Dr., Ste. A-201, Costa Mesa, CA 92626-1977 Facsimile: (714) 546-3707

OWNERSHIP

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
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Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Are any assets of the company or any indemnitor (Owner) held in trust? YES NO
If YES, list exact name of the Trust(s) below and provide a copy of the Trust

SCOPE OF OPERATIONS

Brief description of the type of work you engage in: _____

List the states in which you are operating and your contractor's license number:

State	Type	License #	State	Type	License #

What percentage of your work is performed as a General Contractor? _____ % As a Subcontractor _____ %

What percentage of your work do you subcontract to others? _____ % Subcontractors Bond-Back? Yes No

Trades normally subcontracted:

Do you engage in any asbestos abatement or hazardous waste removal contracts? Yes No

Largest work on hand at any one time in the last two years was \$ _____ and consisted of _____ contracts.

What is the single largest contract you expect to obtain in the near future? _____ Expected sales next 12 mo. _____

ACCOUNTING

Name of Contact person at CPA Firm: _____

How many years has this firm prepared your Financial Statements? _____ Tax Returns _____

On what basis are financial statements prepared? Cash Accrual Completed Contract % of Completion

On what basis are taxes paid: Cash Accrual Completed Contract % of Completion

Do you have a full time bookkeeper/accounting person on staff? Yes No

Are job cost records kept? Yes No

Since the last statement date, have your operations been profitable? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Is your firm current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Are the owners/stockholders/indemnitors current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Any Tax Liens? Yes No
If Yes, attach an explanation or answer in the additional comments section of this Questionnaire

BANK REFERENCES

Bank Name: _____ Your Contact: _____

Address: _____ Telephone: _____ Fax: _____

Do you have a line of credit? Yes No If yes, how secured? _____

Amount if Line? \$ _____ How much in use \$ _____ Renewal Date: _____

BONDING

Previous Bonding Company	Bond Rate	Agent/Broker	Reason for Leaving

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BONDING (CONTINUED)

Has any collateral been deposited with any prior Surety? Yes No. If Yes, amount \$ _____

Has collateral been released? Not Applicable Yes No

Largest single contract bonded \$ _____

Bonding Capacity desired: Single job size \$ _____ Total work on hand \$ _____

INSURANCE

Who is your Agent/Broker for insurance? _____

Business Life Insurance

Insured	Company	Beneficiary	Amount

List 5 principal material suppliers:

1.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

2.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

3.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

4.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

5.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

PROJECT REFERENCES (WORK EXPERIENCE)

List the 4 largest contracts completed in the last 3 years:

1.

Owner/General Contractor		Phone No.:	
Address:		Fax No.:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

2.

Owner/General Contractor		Phone No.:	
Address:		Fax No.:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

3.

Owner/General Contractor		Phone No.:	
Address:		Fax No.:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

4.

Owner/General Contractor		Phone No.:	
Address:		Fax No.:	
		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

