



# FIRST INDEMNITY OF AMERICA INSURANCE COMPANY

## Contractor's Questionnaire

### Company Information

Legal Name of Company: \_\_\_\_\_

Address (Do Not Provide a PO Box): \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_ Website: \_\_\_\_\_

Name of Contact Person: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell # \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_ Total # of Employees: \_\_\_\_\_

Date Business Formed: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Overnight Service (i.e. FedEx, UPS, etc.): \_\_\_\_\_ Acct # \_\_\_\_\_

Type of Organization (check one):  LLC  Corporation  Partnership  Proprietorship  Sub. S. Corporation

If SUCCESSOR to Prior Business, name of Predecessor: \_\_\_\_\_

Was Predecessor dissolved?  Yes  No If yes, please explain why \_\_\_\_\_

Does the company currently hold any certifications (i.e. WBE, MBE, 8a, HUBZone, etc.)  Yes  No

If yes, please list: \_\_\_\_\_ \*Attach a copy of your certification(s) \*

### Company Ownership Information

#### List All Owners and/or Stockholders and Spouses of the Company

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Legal Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Title: \_\_\_\_\_ % Owned \_\_\_\_\_

SSN # \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_  Married  Single

Spouse's Legal Name: \_\_\_\_\_

Spouse's SSN#: \_\_\_\_\_ Spouse's Country of Citizenship: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: \_\_\_\_\_

(Street, City, State & Zip Code) Do Not Provide a PO Box

Are any shareholders personal assets held in trusts?  Yes  No If yes, please describe and attach copies:

If trusts exist, will they indemnify the surety?  Yes  No If no, please explain:

List any subsidiaries, holding companies and/or affiliates of the applicant company or entities that are owned/controlled by the owners and / or spouses listed above. **If there are none, check here to so indicate:**  No subsidiaries, holding companies and/or affiliates.

Firm Name	Ownership	Type of Business	Cross / Corp. Indemnity?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

Is full corporate and personal indemnity by all owners and spouses and affiliates of the company provided?  Yes  No  
If no, please explain:

Are the owners personally active in daily affairs of the business?  Yes  No  
If no, please explain:

Has company ownership remained unchanged in the past two years?  Yes  No  
If no, please explain:

Are all owners and spouses free of any record of criminal conviction?  Yes  No  
If no, please explain:

Credit Reports: Are the individual owners / spouses and company credit reports free of negative items?  Yes  No  
If no, please explain:

**Has the company, any affiliate or subsidiary, or any owners / spouse or companies in which they have had an ownership interest or managerial role:**

- a. Ever defaulted on a contract?  Yes  No
- b. Ever had a bond claim or caused a surety to suffer a loss?  Yes  No
- c. Any Claims or Non-Payment Notices currently filed against your company?  Yes  No
- d. Are any projects behind schedule or in dispute?  Yes  No
- e. Are you having difficulty collecting accounts receivable, retainages or change orders?  Yes  No
- f. Owe/owed money to or requested financial assistance from a surety (bonding company)?  Yes  No
- g. Ever experienced a bankruptcy?  Yes  No
- h. Been liened by a taxing authority?  Yes  No
- i. Withdrawn company funds for personal investing activity?  Yes  No
- j. Acted as a surety or indemnitor for others?  Yes  No
- k. Is the company or any of its owners, officers or affiliates currently involved in any litigation?  Yes  No
- l. Ever use a Factoring Company or plan to?  Yes  No
- m. Currently engaged in development work or speculative building activities?  Yes  No
- n. Act as an endorser for others on their notes or accounts?  Yes  No

If any answered Yes, please explain:

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## Company's Operations / General Information

List All Company Officers and Key Operating Personnel:

Name	Position / Responsibility	Age	Time In Position	Years in Industry

**NOTE: Please attach Resumes of Key People, including current assignment and job responsibilities.**

Name of contact person for monitoring bonded projects: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of contact person for billing/invoices: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

What classes of construction work do you Self-Perform?

\_\_\_\_\_

What is your geographic area of operation? \_\_\_\_\_

What state(s) is your firm licensed to do business? \_\_\_\_\_

List the major Competitors for the company: \_\_\_\_\_

What percentage (%) of the company's work is for: \_\_\_\_ Government Agencies \_\_\_\_ Private Owners

Do you ever engage in Joint Ventures or plan to?  Yes  No If yes, provide details:

\_\_\_\_\_

How does the company confirm financing on private work? \_\_\_\_\_

Is your firm unionized?  Yes  No How many work crews? \_\_\_\_\_

Has the company ever been or currently in arrears on union payments?  Yes  No If yes, give details:

\_\_\_\_\_

What percentage (%) of work is normally subcontracted to others? \_\_\_\_ What trades do you normally subcontract? \_\_\_\_\_

Are bonds required from subcontractors or suppliers?  Yes  No If yes, over what amount? \_\_\_\_\_

Do you presently own equipment necessary to complete the program outlined above?  Yes  No

If no, will you be  buying  renting  leasing?

Anticipated total acquisition cost (including down payment) \$ \_\_\_\_\_ If leasing, what are the terms of the lease(s)? \_\_\_\_\_

What is the company's policy/procedure on performing background checks of new and/or existing employees?

\_\_\_\_\_

**Continuity and Job Completion:**

Formal Buy-Sell Agreement in place?  Yes  No **\*If, yes please attach a copy\***

How is the Buy-Sell Agreement funded? \_\_\_\_\_

What arrangements have been made to assure contracts are completed in the event key personnel are not available?

What incentives are given to the key employees to remain with the company and see projects through to completion?

**Surety Relations/History:**

Agent / Agency	How Long with Agent?	Carrier/Surety	Single / Aggregate	Funds Admin. or Collateral?	How Long with Surety?	Reason For Leaving

\*Attach a copy of the General Indemnity Agreement on file with the most recent surety\*

Date last performance bond was provided: \_\_\_\_\_

In the last twelve months how many: Bid bonds provided: \_\_\_\_\_ Performance bonds provided: \_\_\_\_\_

Has the company ever had a bond request denied, granted with conditions you considered unacceptable, or had your surety credit terminated?

Yes  No

If yes, please explain:

Has the company ever failed to qualify for a performance bond after an award when a bid bond was used?

Yes  No

If yes, please explain:

**Capacity:**

What is the single largest contract you expect to obtain in the near future? \$ \_\_\_\_\_

What is the largest backlog of work at one time in the past 3 years? \$ \_\_\_\_\_ Year \_\_\_\_\_

What is the largest backlog of work you anticipate to have in the near future? \$ \_\_\_\_\_

What is your total revenue projected for the next twelve month period? \$ \_\_\_\_\_

What percentage of revenues is derived from bonded contracts? \_\_\_\_\_ %

**Largest Contract References – COMPLETED SINGLE Projects Only**

Owner on Contract: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contract \$: \_\_\_\_\_ Gross Profit \_\_\_\_\_ Year Completed: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_ Bonded  Yes  No

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner on Contract: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contract \$: \_\_\_\_\_ Gross Profit \_\_\_\_\_ Year Completed: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_ Bonded  Yes  No

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner on Contract: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contract \$: \_\_\_\_\_ Gross Profit \_\_\_\_\_ Year Completed: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_ Bonded  Yes  No

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Owner on Contract: \_\_\_\_\_ Project Name: \_\_\_\_\_

Contract \$: \_\_\_\_\_ Gross Profit \_\_\_\_\_ Year Completed: \_\_\_\_\_

Brief Description of Work: \_\_\_\_\_ Bonded  Yes  No

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Banking Information

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Account Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_ Acct #(s): \_\_\_\_\_

With bank since: \_\_\_\_\_ Current line of credit amount: \$ \_\_\_\_\_ Amt. in use: \$ \_\_\_\_\_ When does it expire? \_\_\_\_\_

Have any loans been restructured to avoid delinquency?  Yes  No If yes, please explain:

**\*Attach a complete copy of all current Banking Agreements\***

### Financial Reporting and Internal Controls

Fiscal year-end is \_\_\_\_\_ (for taxes) Is a Net Profit expected for the upcoming fiscal year-end?  Yes  No

Company state and federal taxes (including withholding) paid current?  Yes  No

If no, please explain:

Name of Accounting firm: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

This Accounting firm is:  CPA  Public Accountant  Other How long has this firm prepared your financial statements? \_\_\_\_\_

Do you have an accountant/bookkeeper on staff?  Yes, Fulltime  Yes, Part time  No

#### Financial Statements are:

- a. For Financial Reporting:  % of Completion  Accrual  Completed Job  Cash
- b. Fiscal Year-End:  Audit  Review  Compilation  In-House
- c. Interim:  Audit  Review  Compilation  In-House

#### How frequently do you prepare:

- a. Interim Financial Statements:  Semi-Annually  Quarterly  Monthly
- b. Work in Progress Reports:  Semi-Annually  Quarterly  Monthly

#### What Software is used for:

- a. Accounting: \_\_\_\_\_ How often updated? \_\_\_\_\_
- b. Job Cost Analysis: \_\_\_\_\_ How often updated? \_\_\_\_\_
- c. Estimating: \_\_\_\_\_

What quality control procedures are used for reviewing new bid proposals?

**Control and supervision of contracts by company supervisory staff are performed on what basis:**

a.  Daily  Weekly  Monthly

b.  Personal Job Site Visits  Through Reports  Other If other, please specify \_\_\_\_\_

Is field staff reporting of jobs costs broken down by labor, materials, and by project?  Yes  No If no, please explain how job costs are monitored:

**Office Management**

Name of Office Manager: \_\_\_\_\_ How long in current position: \_\_\_\_\_

How often does Senior Management review the status of billings, collections and change orders? \_\_\_\_\_

What steps does the company take to ensure the collection of past due accounts receivable? \_\_\_\_\_

**Note: Please attached Office Manager’s resume.**

**Attorney Information**

Name of Law firm: \_\_\_\_\_ Address: \_\_\_\_\_

Attorney Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

How long has your company been represented by this person? \_\_\_\_\_

**Credit References**

**Give names of principal suppliers/subcontractors:**

Name of Firm	Phone #	Material / Service Provided

Additional Comments:

The undersigned does hereby authorize **FIRST INDEMNITY OF AMERICA INSURANCE COMPANY**, aka FIA Surety and its designees to make inquiries including the obtaining of a credit report as necessary concerning the undersigned’s financial standing, credit, or manner of meeting obligations. I understand this will be to verify the accuracy of the statements made and to determine my credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). The undersigned agrees to INDEMNIFY and HOLD HARMLESS **FIRST INDEMNITY OF AMERICA INSURANCE COMPANY**, aka FIA Surety, its Sureties, related companies, affiliates, reinsurers, officers and employees from all loss, cost and expense (including all legal expenses) that may arise in connection with this application. A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

**Section 817.2334 (1) (b), F.S. “Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, misleading information is guilty of a felony in the third degree.”**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

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

\_\_\_\_\_  
Print name and title of authorized person:

\_\_\_\_\_  
Signature of Authorized Person