



Supplementary Contractor Questionnaire

Firm Name: _____

Address: _____

Fed Tax ID: _____

Agent: _____

1. Is your firm or any subsidiary or affiliate currently involved in any litigation or subject to any liens or judgments?
 Yes No If Yes, explain: _____

2. Are any of the owners/stockholders/indemnitors currently involved in any litigation, divorce or separation proceedings?
 Yes No If Yes, explain: _____

3. Has your firm ever petitioned for bankruptcy, failed in business, or caused a loss to a surety?
 Yes No If Yes, explain: _____

4. Have any of the owners/stockholders/indemnitors ever petitioned for bankruptcy, failed in business, or caused a loss to a surety?
 Yes No If Yes, explain: _____

5. Is your current surety or any prior surety on notice of any payment or performance claims naming your firm?
 Yes No If Yes, explain: _____

6. Current Surety: _____ Reason for changing surety, _____
Contact: _____
Telephone: _____

7. Will your firm, subsidiaries and affiliates and all stockholders and their spouses willingly indemnify the surety company for any and all bonded obligation?
 Yes No If No, explain: _____

8. Is your firm current on all Taxes: Withholding, Sales, Income and miscellaneous?
 Yes No If No, explain: _____

9. Are the owners/stockholders/idemnitors current on all Taxes - Withholding, Sales, Income and miscellaneous?
 Yes No If No, explain: _____

EXPLANATIONS TO EXCEPTIONS NOTED ABOVE: _____

(Attach supporting information)

The under signed hereby acknowledges that the _____ Insurance Company Will rely on the information furnished above and May, in fact, verify certain responses in accordance with existing statutes and insurance regulations. Any person who knowingly files an Application for insurance or statement of claim containing any materially false information commits a fraudulent act, which is a crime, and may also be subject to a civil penalty, punishable under laws governing fraudulent insurance acts.

Firm Name: _____ Date: _____

Principal signature: _____
Printed name

Agent as Witness: _____
Printed name