

# VSIA Valley Surety Insurance Agency

License No. 0799396  
"Surety Specialists"

## CONTRACTORS QUESTIONNAIRE

Contractor: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax # \_\_\_\_\_ E-mail \_\_\_\_\_

Check One:  Corporation  Partnership  Proprietorship  
Contractors License Number \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Any recent change in control of company?  Yes  No  
If yes, please explain \_\_\_\_\_

### Corporate Officers – Partners – Owners – Key Personnel

| Name | Marital Status | Age | Title or Position | % of Ownership | Social Security Number |
|------|----------------|-----|-------------------|----------------|------------------------|
|      |                |     |                   |                |                        |
|      |                |     |                   |                |                        |
|      |                |     |                   |                |                        |

In what class construction do you specialize? \_\_\_\_\_  
What is the largest backlog completed? \$ \_\_\_\_\_ Year \_\_\_\_\_

### LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE LAST FIVE (5) YEARS

| Owner /Person to Contact | Telephone Number | Type of Work | Contract Price |
|--------------------------|------------------|--------------|----------------|
|                          |                  |              |                |
|                          |                  |              |                |
|                          |                  |              |                |
|                          |                  |              |                |

### NAME OF PRESENT/PRIOR SURETIES

| Surety Company | Agent | Telephone # |
|----------------|-------|-------------|
|                |       |             |
|                |       |             |

Has the company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss?  Yes  No  
If yes, please explain \_\_\_\_\_

Does the Company have adequate equipment?  Owned  Leased

Has the company ever failed to complete a contract?  Yes  No  
If yes, please explain \_\_\_\_\_

Any disputes on contracts?  Yes  No  
If yes, please explain \_\_\_\_\_

Has the Company, any affiliated company, or any other owner ever experience bankruptcy?  Yes  No

Been in Receivership?  Yes  No  
If yes, please explain \_\_\_\_\_

1540 River Park Dr., Suite #105, Sacramento, CA 95815 \* 916-567-6676 Fax 916-567-0815  
Email [shirley@valleysurety.com](mailto:shirley@valleysurety.com)

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## CREDIT REFERENCES – PLEASE LIST THREE (3) MOST CURRENT

| Supplier Name | Account # | Contact Name | Address | Telephone # |
|---------------|-----------|--------------|---------|-------------|
|               |           |              |         |             |
|               |           |              |         |             |
|               |           |              |         |             |

## FINANCIAL INFORMATION

Year Company Started \_\_\_\_\_ State of Corporation \_\_\_\_\_

## ACCOUNTING INFORMATION

Name of CPA /Accounting Firm \_\_\_\_\_ Account Manager \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Fiscal Year End \_\_\_\_\_ Taxes Current  Yes  No

Preparation of Financial Statement  Cash  Simple Accrual  Percentage of Completion  Completion of Contract

## BANKING INFORMATION

Name of Bank \_\_\_\_\_ Account Manager \_\_\_\_\_

Address \_\_\_\_\_ Telephone Number \_\_\_\_\_

Line of Credit  Yes  No Amount \_\_\_\_\_ Amount in Use \_\_\_\_\_

Secured Line of Credit  Yes  No How? \_\_\_\_\_

Date of Expiration of Line of Credit Agreement \_\_\_\_\_

*Please attach a copy of the Line of Credit Agreement*

List any subsidiaries and affiliates of contracting firm \_\_\_\_\_

## INSURANCE INFORMATION

General Liability \_\_\_\_\_ Auto \_\_\_\_\_ Umbrella \_\_\_\_\_

BI \_\_\_\_\_ PD \_\_\_\_\_ Insurance Carrier \_\_\_\_\_ Policy Expires \_\_\_\_\_

Life Insurance on Key Personnel. Please provide a current Certificate of Insurance for Liability and Workers Compensation.

| Name | Beneficiary | Amount | Value | Company |
|------|-------------|--------|-------|---------|
|      |             |        |       |         |
|      |             |        |       |         |
|      |             |        |       |         |

Other Insurance Coverage's \_\_\_\_\_

I/We authorize **Valley Surety Insurance Agency / Surety** to investigate my statements and to check my/our credit history with any creditors or lending institutions listed above.

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 2009.

Signature \_\_\_\_\_ Name and Title \_\_\_\_\_

Agent/Brokers \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

Agent/Broker License No. \_\_\_\_\_ Tax ID Number \_\_\_\_\_

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