



30 SOUTH ROAD  
 FARMINGTON, CT 06032  
 TELEPHONE: (860) 415-8400 • FAX: (860) 404-5394

**MISCELLANEOUS  
 SURETY SURVEY**

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

COMPANY'S NAME			
----------------	--	--	--

CONTACT NAME	TELEPHONE	FAX	DATE
--------------	-----------	-----	------

ADDRESS (Street)	(City)	(State)	(Zip)
------------------	--------	---------	-------

**GENERAL INFORMATION**

FORM OF BUSINESS (CHECK ONE)	NATURE OF OPERATIONS
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation	

GEOGRAPHIC AREAS OF OPERATION	STATES IN WHICH LICENSED TO DO BUSINESS IN?

**AGENT**

AGENCY NAME			
-------------	--	--	--

AGENCY CONTACT	TELEPHONE	FAX	
----------------	-----------	-----	--

ADDRESS (Street)	(City)	(State)	(Zip)
------------------	--------	---------	-------

**HISTORY**

DATE BUSINESS ESTABLISHED	INCORPORATED	NAME OF PREDECESSOR COMPANY	WHEN DID CURRENT MANAGEMENT ASSUME CONTROL?

**ORGANIZATION – OWNERS AND KEY EMPLOYEES**

NAME	YEAR BORN	% OF STOCK	NAME OF SPOUSE	POSITION	YEARS EXPERIENCE	
					HERE	OTHER

ARE THE OWNERS PERSONALLY ACTIVE IN THIS BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE ANY OF THE PRINCIPALS DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS ON SEPARATE SHEET
---	---

**PARENT, AFFILIATE AND/R SUBSIDIARY COMPANIES**

NAME	LOCATION	OWNED BY	SCOPE OF OPERATIONS

**OTHER BUSINESS DATA**

HAVE YOU EVER BEEN OR ARE YOU NOW AN OWNER, PARTNER OR STOCKHOLDER IN ANY OTHER BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following	1. DATE BUSINESS BEGAN
2. FULL NAME OF OTHER BUSINESS	3. SERVICE OR PRODUCT OF OTHER BUSINESS
4. THE OTHER BUSINESS IS A	5. PERCENT OF OTHER BUSINESS YOU OWN _____%
6. NAMES OF OTHER OWNERS _____ _____ _____ _____ _____	
7. IS OTHER BUSINESS CURRENTLY BONDED <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, name of bonding company.	
8. IF OTHER BUSINESS IS NO LONGER ACTIVE, STATE REASON AND DATE BUSINESS TERMINATED OPERATIONS _____ _____ _____ _____ _____	

**REPRESENTATION**

9. HAVE YOU OR ANY MEMBER OF THIS FIRM OR PREDECESSOR FIRMS WITH WHICH YOU HAVE BEEN INVOLVED, EVER DECLARED BANKRUPTCY, EITHER PERSONALLY OR CORPORATELY? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details. _____ _____
---

**BANK REFERENCES**

PRIMARY BANK		SECONDARY BANK	
<b>1</b>	BANK NAME	<b>2</b>	BANK NAME
BANK ADDRESS		BANK ADDRESS	
CITY	STATE ZIP CODE	CITY	STATE ZIP CODE
NAME OF LOAN OFFICER		NAME OF LOAN OFFICER	
TELEPHONE	DATE ACCOUNT OPENED	TELEPHONE	DATE ACCOUNT OPENED
AMOUNT OF BANK LINE \$ _____ Unsecured \$ _____ Secured		AMOUNT OF BANK LINE \$ _____ Unsecured \$ _____ Secured	
DESCRIPTION OF SECURITY <input type="checkbox"/> Accts. Receivable <input type="checkbox"/> Equipment/Real Estate <input type="checkbox"/> Inventory <input type="checkbox"/> Personal Endorsement <input type="checkbox"/> Contract Rights <input type="checkbox"/> Other _____		DESCRIPTION OF SECURITY <input type="checkbox"/> Accts. Receivable <input type="checkbox"/> Equipment/Real Estate <input type="checkbox"/> Inventory <input type="checkbox"/> Personal Endorsement <input type="checkbox"/> Contract Rights <input type="checkbox"/> Other _____	
EXPIRATION DATE	AMOUNT OF BANK LINE CURRENTLY IN USE \$ _____	EXPIRATION DATE	AMOUNT OF BANK LINE CURRENTLY IN USE \$ _____

**REFERENCES**

List Five of Your Major Vendors NAME/ADDRESS	TELEPHONE	CREDIT MANAGER

AT PRESENT YOUR FIRM IS  Paying Within Terms  0-30 Days Late  30-60 Days Late  Over 60 Days Late  
 Discounting Bills  Special Terms: \_\_\_\_\_

**ACCOUNTING AND FINANCIAL REPORTING**

NAME OF ACCOUNTING FIRM

CONTACT NAME	TELEPHONE	FAX	DATE
ADDRESS (Street)	(City)	(State)	(Zip)

THIS ACCOUNTING FIRM IS: <input type="checkbox"/> Independent CPA <input type="checkbox"/> Public Accountant <input type="checkbox"/> Internal and/or accountant is an officer or Partner of the Construction Company <input type="checkbox"/> Other _____	HOW MANY YEARS HAS THIS FIRM PREPARED YOUR FINANCIAL STATEMENTS? _____ Years YOUR TAX RETURNS _____ Years
	FISCAL YEAR END DATE _____ THIS STATEMENT IS PREPARED: <input type="checkbox"/> Fully Audited (unqualified) <input type="checkbox"/> Review basis <input type="checkbox"/> Partially audited <input type="checkbox"/> Compilation basis

ARE INTERIM STATEMENTS PREPARED? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN? <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Monthly	BASIS OF PREPARATION IF DIFFERENT THAN FISCAL
--	---	---

DATE OF YOUR LAST IRS CLEARANCE	RESULTS
---------------------------------	---------

HAVE YOUR OPERATIONS BEEN PROFITABLE SINCE THE LAST STATEMENT DATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE TAXES CURRENT? <input type="checkbox"/> Yes <input type="checkbox"/> No	ANY TAX LIENS? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--	--

HAVE THERE BEEN ANY MAJOR CHANGES IN YOUR FINANCIAL CONDITION SINCE LAST STATEMENT DATE WITH RESPECT TO:  
 Ownership  Major loans or refinancing  Major equipment purchases or leases  Withdrawals  
 Other \_\_\_\_\_ (please describe) \_\_\_\_\_

**PRIOR SURETIES**

NAME OF PRESENT OR PRIOR SURETY

CONTACT NAME	TELEPHONE	FAX	DATE
ADDRESS (Street)	(City)	(State)	(Zip)

NAME OF PRIOR AGENT RELATING TO SURETY DESCRIBED ABOVE:

CONTACT NAME	TELEPHONE	FAX	DATE
ADDRESS (Street)	(City)	(State)	(Zip)

HOW LONG HAVE YOU BEEN WITH PRESENT SURETY? \_\_\_\_\_ REASON FOR CHANGING \_\_\_\_\_

ARE YOU CURRENTLY PROVIDING:  
 Personal Indemnities  Additional Corporate Indemnity  Collateral

HAVE YOU BEEN REFUSED BY YOUR PRESENT SURETY?  
 YES  NO If yes, please explain \_\_\_\_\_

WHAT IS THE LARGEST BOND APPROVED BY A SURETY? \_\_\_\_\_ WHAT IS THE LARGEST APPROVED PROGRAM? \_\_\_\_\_

**SUITS, JUDGMENTS, DEFAULTS AND CONTINGENT LIABILITIES**

HAS YOUR COMPANY OR ANY OFFICER OR ANY PARTNER EVER FAILED IN BUSINESS OR COMPROMISED WITH CREDITORS? IF YES, GIVE DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR BOND CREDIT EVER BEEN TERMINATED BY A SURETY? IF YES, GIVE DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ACTING AS A SURETY OR INDEMNITOR FOR OTHERS? IF YES, GIVE DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
ARE YOU ACTING AS ENDORSER FOR OTHERS ON THEIR NOTES OR ACCOUNTS? IF YES, GIVE DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
DOES YOUR COMPANY OR ANY OFFICER OR ANY PARTNER OWE ANY MONEY TO A SURETY? IF YES GIVE DETAILS.	<input type="checkbox"/> YES <input type="checkbox"/> NO
HAS YOUR COMPANY OR ANY OFFICER OR PARTNER EVER REQUIRED ANY FINANCIAL ASSISTANCE OR BORROWED ANY MONEY FROM A BONDING COMPANY?	<input type="checkbox"/> YES <input type="checkbox"/> NO

NAME OF ATTORNEY FIRM \_\_\_\_\_

CONTACT NAME	TELEPHONE	FAX	DATE
ADDRESS (Street)	(City)	(State)	(Zip)

ANY LITIGATION CURRENTLY PENDING IF YES, GIVE DETAILS ON SEPARATE SHEET AND HAVE ATTORNEY SEND A LETTER PROVIDING DETAILS

**CHECKLIST OF ITEMS NEEDED TO ESTABLISH BONDING LINE LIMITS**

- 1. Completed Questionnaire (this form)
- 2. Financial Statement – signed by the owners.  
 Separate Financial Statement for each entity (Including CPA opinion and notes) for past two years, plus quarterly interim statement prepared during the current fiscal year.  
 Most current Personal Financial Statements – required for each owner with 5% or more ownership.
- 3. Personal resumes for all owners/key personnel.  
 Personal resumes should include the following information: names, residence address, date of birth, place of birth, marital status, formal education and employment history.  
 Employment history information on current and previous jobs should be included showing: employer’s name, dates of employment, title/responsibilities and the type of business conducted.
- 4. Bank Reference Letter  
 The following information on the bank’s letterhead is needed; number of years of bank affiliation; maximum amounts loaned (secured and/or unsecured); history of overdrafts or returned checks and any general comments.

This application consists of this instrument, the financial statements and all indemnity, security and trust agreements signed by the applicant with regard to the bond or bonds hereby requested, such financial statement and agreements being incorporated hereby by reference.

In addition, the routine verification of information pertinent to the bond applied for, if the application is by an individual primarily for personal purpose, or if the application is for a bond primarily for the benefit of a corporation and the said application is also executed by the officers of the corporation in a personal capacity, thereby acting as a co-guarantor thereof, ACSTAR Insurance Company may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individuals(s) and upon written request of said individuals will disclose in writing the nature and scope of the investigation requested.

The representations contained in this application and the financial statement are warranted by the applicant to be true.

Dated \_\_\_\_\_ (x) \_\_\_\_\_  
 \_\_\_\_\_ (x) \_\_\_\_\_

Subscribed and sworn to be on this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

County of \_\_\_\_\_

State if \_\_\_\_\_ (x) \_\_\_\_\_

My commission expires: \_\_\_\_\_

Signature of Notary Public  
(notary seal)