

**Non-Construction Questionnaire
Commercial Surety**

1. GENERAL INFORMATION

Company Legal Name:		Phone:
Physical Address:		Fax:
Contact Person:		Website:
E-mail:		

2. APPLICANT INFORMATION

State of Incorporation:	Year Started:	Tax ID:
Type of Work Performed:		Geographic Area(s) of Operation:
Type of Business: <input type="checkbox"/> C-Corp <input type="checkbox"/> Sub-S Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other		

3. OWNERSHIP INFORMATION

Name		SS# or FEIN	
Physical Address		Date of Birth	
Spouse Name		Spouse SS#	
Prior Bankruptcy	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Prior bond claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		SS# or FEIN	
Physical Address		Date of Birth	
Spouse Name		Spouse SS#	
Prior Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Prior bond claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Name		SS# or FEIN	
Physical Address		Date of Birth	
Spouse Name		Spouse SS#	
Prior Bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?	Prior bond claims?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Which individual is authorized to sign on behalf of the firm?	
What is the authorized party's title?	
Will all of the above individuals and their spouses personally indemnify the Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, are any of the individuals holding assets in trusts? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, will the trust indemnify on the bonds? <input type="checkbox"/> Yes <input type="checkbox"/> No
If No, please explain:	

4. KEY PERSONNEL

Name	Position	Date of Birth	Years of Industry Experience	Years with Company

5. RELATED ENTITY & SUBSIDIARY INFORMATION:

Please list any affiliates, subsidiaries, or commonly-owned companies:

Firm Name	Ownership & Percentage	Type of Business	Willing to Indemnify?

Non-Construction Questionnaire

Commercial Surety

6. BUSINESS INFORMATION

Has your firm, its subsidiaries, stockholder(s) or affiliates ever petitioned for bankruptcy, failed in a business or defaulted on a contract, loan agreement or other business agreement or have been disbarred from bidding?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain:					
Does the firm or any stockholder(s) provide any capital or are responsible for any liabilities/guarantees to any affiliates or subsidiaries?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain:					
Is your firm, its subsidiaries, stockholder(s) or affiliates currently involved in any litigation?		<input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please explain:					
What percentage of the firm's work is obtained through: Hard Bid:		RFP/Negotiated:			
What percentage of the firm's work is normally for: Public:		Private:			
Does any customer represent a significant portion of your annual revenue? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what percentage?					
What percentage of your work is bonded/non-bonded contracts?		Bonded: Non-bonded:			
What percentage of the bonded contracts is sub-contracted by you to others?					
Does your company have a standard contract? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, please provide a copy.			
What is the average duration of your contracts?		The maximum?			
What is the largest project you expect to undertake this year?		Next year?			
What is the largest amount of work your firm has under contract at any given time?					
What is your anticipated annual volume this year?		Next year?			
What is the normal bonding capacity needed?		Single? Aggregate?			
What other guarantees beyond performance are included?					
Has the firm performed as a Joint Venture? <input type="checkbox"/> Yes <input type="checkbox"/> No		Designer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Turn Key? <input type="checkbox"/> Yes <input type="checkbox"/> No					
LEED Certified? <input type="checkbox"/> Yes <input type="checkbox"/> No		Outside U.S.A? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, what country?			
List the approximate % of work annually performed for the following types of owners:					
Governmental	Institutional	Utilities	Industrial	Developers	Other/Private Owners
If Other, Describe:					
List the approximate % of contracts undertaken using the following types of payment terms:					
Fixed Price	Cost-Plus	Cost-Plus A Fixed Fee	Cost-Plus With a Max. Upset Price		
Has the firm performed work using an annual bond form? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Has the firm been required to provide bonds less than 100% of contract amount? <input type="checkbox"/> Yes <input type="checkbox"/> No					
List three (3) of your major competitors:					
1.					
2.					
3.					

7. FINANCIAL INFORMATION

Name of CPA firm that prepares corporate financial statements:		
CPA firm contact:		E-mail address:
CPA firm's address:		
CPA firm's telephone:		Fax:
What is your company's fiscal year-end?		
On what basis are taxes paid?		<input type="checkbox"/> Cash <input type="checkbox"/> Completed Job <input type="checkbox"/> Accrual <input type="checkbox"/> Percentage of Completion
On what basis are the financial statements prepared?		<input type="checkbox"/> Cash <input type="checkbox"/> Completed Job <input type="checkbox"/> Accrual <input type="checkbox"/> Percentage of Completion
What level of assurance are the financial statements?		<input type="checkbox"/> CPA Audit <input type="checkbox"/> Review <input type="checkbox"/> Compilation
How often are financial statements prepared?		<input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly
Do you have a full-time accountant on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		List any professional designations:

Non-Construction Questionnaire

Commercial Surety

8. BANKING INFORMATION:

Name of Bank:	Contact Name:	
Bank Address:	E-mail:	
Phone Number:	Fax:	
Accounts at above bank: <input type="checkbox"/> Checking/Operating <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Retirement/ROTH/IRA/401K		
Do you have a line-of-credit with the above bank? <input type="checkbox"/> Yes <input type="checkbox"/> No Which bank?		
What is the capacity?	What is the expiration?	Amount currently borrowing?
How is the line guaranteed?	<input type="checkbox"/> I do not have a line-of-credit. <input type="checkbox"/> I plan to establish one.	
Are you in compliance with bank covenants? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain?		
Have letters of credit been used to support contract bond needs? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, are any currently outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please list the projects:		
1.		
2.		
3.		

9. EXPERIENCE & REFERENCES:

Has your firm ever been bonded in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, how long ago?	Name of the Surety?		
What was your reason for leaving?			
List four (4) of your largest contracts:			
1. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:	<input type="checkbox"/> Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:	<input type="checkbox"/> Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:	<input type="checkbox"/> Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	
4. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:	<input type="checkbox"/> Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. INSURANCE

Please provide your policy limits of the following coverages (and attached COI):					
General Liability	Auto Liability	Umbrella	Workers Comp	Professional Liability	Other:

11. CONTINUITY

Is there a buy/sell agreement among the owners of the firm? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is this agreement funded by life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
If no agreement is in place, is there an informal continuity plan? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain below:		

List any life insurance in effect on officers or key personnel:

Name	Beneficiary	Amount	Insurance Company
		\$	
		\$	

CREDIT AUTHORIZATION

Each Applicant authorizes Surety to obtain information from third parties, including personal credit reports, in connection with Surety's initial and on-going underwriting of any Bonds that Surety considers issuing for any Principal; and releases Surety from any and all liability relating to same.

NON-BINDING:

The signing of this Application does not bind the Surety to issue, or the Applicants/Indemnitors to purchase, any surety Bonds.

**Non-Construction Questionnaire
Commercial Surety****FRAUD NOTICES:**

(Not State Specific; see Fraud Notices Applicable in Certain Specific States below): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

APPLICABLE IN ALABAMA, ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, & WEST VIRGINIA: Any person who knowingly (or willfully in MD) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (or willfully in MD) presents false information in an application for insurance is guilty of a crime and may be subject to restitution, or fines, or confinement in prison, or any combination thereof.

APPLICABLE IN COLORADO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

APPLICABLE IN THE DISTRICT OF COLUMBIA: Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

APPLICABLE IN FLORIDA AND OKLAHOMA: 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, incomplete, or misleading information is guilty of a felony (*in Florida, a felony of the third degree*).

APPLICABLE IN KANSAS: Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

APPLICABLE IN KENTUCKY & PENNSYLVANIA: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

APPLICABLE IN OREGON: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime, and which may subject such person to penalties.

APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, & WASHINGTON: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

APPLICABLE IN OHIO: Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

APPLICABLE IN NEW YORK: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

[Signature Page to Follow]

**Non-Construction Questionnaire
Commercial Surety**

The undersigned hereby authorize Skyward Specialty Insurance and its subsidiaries (collectively the "Company"), designated agents and representatives, to verify any information contained in this application for surety credit, and to obtain additional information from any source, including obtaining an investigative consumer report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion for the purposes of surety bond credit evaluation and underwriting including periodic reviews, extensions, or renewals of credit for the undersigned. Information as to the nature and scope of this report may be obtained upon written request. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

The undersigned hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to induce the Surety to extend surety credit. The applicants and indemnitors authorize the Company to verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report. Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

Corporate Signature by Authorized Officer:

Company Name

Date

Signature

Print Name & Title

Signature of Owner(s)

Signature

Date

Print Name & Title

Signature

Date

Print Name & Title

Signature

Date

Print Name & Title

Signature

Date

Print Name & Title