DELMARVA SURETY ASSOCIATES, INC.

2345 York Road Timonium, MD 21093 Phone (410)561-3593 / Fax (410)561-3727

TODAY'S DATE:____

CONTRACTOR QUESTIONNAIRE

We are sensitive of the time investment required by you to gather the necessary information to secure Surety credit. We want to thank you for your time and efforts.

I. ORGANI	ZATION					
Contractor's	Name:					
Address						
			Fa			
Telephone # Fax # Date Business Started Year of Inc Tax I.D. #						
Corporate Sec	retary					
Principals of	Company					
Name	Yr of Birth	Position	% Owned	ss#	Name of Spou	<u>se</u> <u>SS#</u>
	en any changes in ges have occurred				years?	If
					ip position in any ompany and type of	
	y a beneficiary o				If so, on w	nom and how
What type of	construction does	s your comp	any undertal	ke?		
Type of work	with own forces:			Subcont:	cacted:	
What type of	work is performed	d as a prim	ne?			
What type of	work is performed	d as a subc	contractor?_			
What is the n	ormal geographic	area in wh	ich your com	mpany solio	cits works?	
	n any significant r the past couple		or anticipate	ed changes	in the type of co	onstruction

Name	Year of Birth	Position	Years w/ Company	Years in Constructi	Previou on Employe	
What is the l # of Jobs	largest backlog	carried by the dear	company: \$			
Has your comp	oany ever faile	d to complete any	y work awarded	d to them?		
Has any princ	cipal of your c	rganization ever	failed to cor	mplete a const	ruction contrac	ct?
	affiliated com	pany, or an owner	r ever filed t	for bankruptcy	7?	
Any open disp	outes on contra	cts or payment of	f labor or mat	terial bills?_		
		terial or taxes : ain open?				ich have
		he early stages on the early stages of the ear				
II. REFEREN	NCES .					
Suppliers/Sub	ocontractor					
Name of Suppl	liers/Sub	Contact	Person	Phone #	Material/Serv	vice
1						
2						
3						
Architect/Enc	gineer/Owner					
Name		Contact		Phone #	Project	

Year Name of Project	Contact <u>Person</u>	Phone <u>Number</u>		Final Contract Price	Gross
1					
2					
3					
IV. BANK CREDIT					
Name of Bank			Account Exec		
Address Account Information: Savin	nas Acat #	Che	Phone #Phone #		
Working Capital Line	195 ACCC #		Amount Outstan	ding	
Security on Line					
V. ACCOUNTING					
Name of Accounting Firm _					
Contact Person Number of years with Accor Basis of Financial Stateme Basis of Tax Return: Is your company a "Sub S"			Phone #		
Number of years with Accor	int Firm	Fis	scal Year End Date	<u> </u>	
basis of Financial Statem Basis of Tax Return:	Cash St	raight Accru	ial Compl Contra	اد ہو۔ 10 ج	<u> </u>
Is your company a "Sub S"	Corp.? I	f yes, when	did corp obtain "	Sub S" Status	?
Does your company maintai:	n individual j	ob cost reco	ords?		
How often do you produce : Does your company reference	financial info	rmation?			
Does your company reference	ce all invoice	s/payments w	ith a specific job	ə #? <u></u>	
What is the company's payr	ment policy?				
VI. ATTORNEY					
Name of Law Firm Contact Person			Phone #		
Address of Law Firm			I HOHE #		
Number of years with Law 1	Firm				
VII. CURRENT SURETY					
				Did Suret	y incur
Name of Surety Company		Agent/Bro	ker	any losse	_
Program: Single \$			Aggregate \$		
Rate:			ns:		
Reason for considering a	change:				

Does	your firm prepare any of the following (please check where applicable):					
	Cash Flow Analysis					
vx.	SURETY NEEDS					
Indiv Aggre	vidual Project Size					
Typic	cal mix of bonded work % and non-bonded work	_% _				
What	is the optimum number of projects on hand at any given-time?					
Frequ	quency of Bid Bond Requests					
	INFORMATION REQUIREMENTS many crews are you running as of the last year? # An current year? # per of field employees? Range this year: Range last year:					
In or	order for us to respond timely to your request for credit, please enclose:					
1.	Last three (3) CPA Fiscal Year End Statements					
2.	Most Recent in-house balance sheet, profit & Loss statement & work in progress schedule					
3.	Copy of Latest Federal Corporate Tax Return					
4.	Current Personal Financial Statement & most recent federal tax return					
5.	Current Bank Line of Credit					
neces avail "Any insur	k you for your thoroughness in completing this application as well as attaching the ssary information. Your efforts will enhance and maximize the potential surety cred lable for your company. Person who includes any false or misleading information on an application for an erance policy is subject to criminal and civil penalties." Med and Dated	it				