



Name of Firm:		Phone:	
Address:		Fax:	
City:	State:	Email:	
Contact Person:		Title:	
Year started under present management:		Type of Business (Check ONE box)	
State of Incorporation:		<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Sub. S. Corp.	

<u>List of corporate officers, partners or proprietors of your firm</u>		
<u>Name</u>	<u>Position</u>	<u>% Ownership</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Will the above individuals personally indemnify Surety?       Yes       No

Employee Status	Total Employees:	Office Employees:	Field Employees:	Shop Employees:
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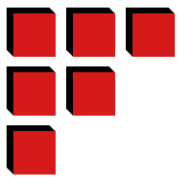
<u>Listing of subsidiaries and affiliates of the contracting firm</u>			
<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>	<u>Cross Indemnity?</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety?       Yes       No

If yes, Explain:

\_\_\_\_\_

\_\_\_\_\_



Is your firm or any of its owners or officers currently involved in any litigation?  Yes  No

If yes, Explain:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is the largest uncompleted work program expected during this year?

What is your expected annual volume this year?

CPA Information Name: \_\_\_\_\_

Address: _____	Phone: _____
City: _____ State: _____	Fax: _____

On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

How often are financial statements prepared?  Annually  Semi-annually  Quarterly  Monthly

Bank Information Name: \_\_\_\_\_

Address: _____	Phone: _____
City: _____ State: _____	Contact Person: _____

Line-Of-Credit Amount \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How is this credit secured? \_\_\_\_\_

Is your firm union?  Yes  No

List five (5) of your largest contracts

1	Job Name/Description	Contract Price	Gross Profit	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner	Location		Completion Date
2	Job Name/Description	Contract Price	Gross Profit	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner	Location		Completion Date
3	Job Name/Description	Contract Price	Gross Profit	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner	Location		Completion Date
4	Job Name/Description	Contract Price	Gross Profit	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner	Location		Completion Date
5	Job Name/Description	Contract Price	Gross Profit	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner	Location		Completion Date

List five (5) of your major suppliers

1	Name & Address	Phone	Contact
2	Name & Address	Phone	Contact
3	Name & Address	Phone	Contact
4	Name & Address	Phone	Contact
5	Name & Address	Phone	Contact

List other insurance coverage currently in effect

	Claims Made?	Limits in '000's	Aggregate	Carrier	Expiration Date
General Liability:		\$	\$		
Auto Liability:		\$	\$		
Umbrella:		\$	\$		
Owner's Protection:		\$	\$		

*Contractor to provide the following:*

- Letter from union showing current status.  
Is company in good standings?  
Is company current with funding of employee benefits/dues?
- Two fiscal year end statements.  
Complete with balance sheet, income statement and WIP schedule.
- Letter from Surety (not agent).  
Including aggregate work program/single job limit.  
Present available capacity.  
Is Surety indemnified personally by company owners?
- Name and contact information of both surety representative and agent.
- Insurance information including EMR, safety information and OSHA incidents.
- Bonding report of backlog work.

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How to Submit this form:

**EMAIL**

Email this completed document with all required documents to our office :  
**cq@aimconstruction.com**

**FAX**

FAX this completed document with all required documents to our office :  
**248-476-4277**

**MAIL**

Mail this completed document with all required documents to our office :  
**AIM Systems 31805 West 8 Mile Road, Livonia Mi 48152    ATTN: Con Qst**