

Name of Firm:		Phone:	
Street Address:		Fax:	
City:	State:	Email:	
Contact Person:		Title:	
Year Started under Present Management:		State of Incorporation:	
Type of Business:			

List of corporate officers, partners or proprietors of your firm

Name:	Position	% Ownership

Will the above individuals personally indemnify Surety?

Employee Status	Office Employees	Field Employees	Shop Employee	Total Employees
				0

Listing of subsidiaries and affiliates of the contracting firm

Firm Name	Ownership	Type of Business	Cross Indemnity?

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?

Is your firm Union? Yes/No:

What is your expected annual volume this year?

CPA Information	Name:		Phone:	
	Contact:		Fax:	
	Address:			
	Address:			
	City:	State:		

On what level of assurance are financial statements prepared?

How often are financial statements prepared?

Bank Information	Name:				Phone:	
	Contact:					
	Address1:		Address2:			
	City:		State:			
	Line of Credit Amount:		Expiration Date:			
How is this credit secured?						

List five (5) of your largest contracts

Job Name/Description	Owner	Location	Contract Price	Gross Profit	Bonded?

List five (5) of your major suppliers

Name	Full address	Phone	Contact Person

List other insurance coverage currently in effect

	Limits <i>(In Thousands)</i>	Aggregate	Carrier	Expiration Date
General Liability:				
Auto Liability:				
Umbrella:				
Owner's Protection:				

Contractor to provide the following documentation:

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

Please Save this and email the completed form to us at: cq@aimconstruction.com