



PHONE: (817) 410-7993  
LISA DIRECT: (972) 567-9743  
CORTNEY DIRECT: (817) 343-6254

GRAPEVINE, TEXAS  
WEBSITE: WWW.ALLIEDSURETY.COM  
EMAIL: ALLIED@ALLIEDSURETY.COM

**Please complete this questionnaire in its entirety and return to our office.**

1. Company Profile:

|  |  |
|--|--|
| Company Name: _____                    | Phone #: _____                         |
| _____                                  | Fax #: _____                           |
| Address: _____                         | Federal I.D. #: _____                  |
| City: _____ State: _____ Zip: _____    | Overnight Delivery #: _____            |
| Fiscal Year Ending: _____              | Email: _____                           |
| Corporation _____ S. Corporation _____ | Partnership _____ Proprietorship _____ |
| Affiliated Companies: _____            |  |

2. Company Principals:

|                      |                     |                |
|----------------------|---------------------|----------------|
| Name: _____          | Title: _____        | % Owned: _____ |
| Date of Birth: _____ | SS #: _____         |                |
| Home Address: _____  | Home Phone #: _____ |                |
| City: _____          | State: _____        | Zip: _____     |
| Spouse: _____        | SS#: _____          |                |

|                      |                     |                |
|----------------------|---------------------|----------------|
| Name: _____          | Title: _____        | % Owned: _____ |
| Date of Birth: _____ | SS #: _____         |                |
| Home Address: _____  | Home Phone #: _____ |                |
| City: _____          | State: _____        | Zip: _____     |
| Spouse: _____        | SS#: _____          |                |

|                      |                     |                |
|----------------------|---------------------|----------------|
| Name: _____          | Title: _____        | % Owned; _____ |
| Date of Birth: _____ | SS #: _____         |                |
| Home Address: _____  | Home Phone #: _____ |                |
| City: _____          | State: _____        | Zip: _____     |
| Spouse: _____        | SS#: _____          |                |

3. Contract specialty: \_\_\_\_\_

4. Years in business under present name: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

5. Percent of work performed by own employees: \_\_\_\_\_% Which Trades: \_\_\_\_\_
6. Geographical area of business operation: \_\_\_\_\_
7. Present/Prior Bonding Company: \_\_\_\_\_
8. Gross sales: \$ \_\_\_\_\_ 2022, \$ \_\_\_\_\_ 2021, \$ \_\_\_\_\_ 2020.
9. List the four most significant projects completed in the last five years:

| Project Name | Contract Amount | Year Completed |
|--------------|-----------------|----------------|
|              |                 |                |
| Contact Name | Phone #         | Fax #          |
|              |                 |                |

| Project Name | Contract Amount | Year Completed |
|--------------|-----------------|----------------|
|              |                 |                |
| Contact Name | Phone #         | Fax #          |
|              |                 |                |

| Project Name | Contract Amount | Year Completed |
|--------------|-----------------|----------------|
|              |                 |                |
| Contact Name | Phone #         | Fax #          |
|              |                 |                |

| Project Name | Contract Amount | Year Completed |
|--------------|-----------------|----------------|
|              |                 |                |
| Contact Name | Phone #         | Fax #          |
|              |                 |                |

10. Bank Name: \_\_\_\_\_ Credit \$ \_\_\_\_\_  
 Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Unused Line of Credit Available \$ \_\_\_\_\_

11. Have any officers/owners ever: (If yes, explain)
- a. Failed in business? \_\_\_\_\_ No \_\_\_\_\_ Yes
- b. Failed in bankruptcy? \_\_\_\_\_ No \_\_\_\_\_ Yes
- c. Failed to complete a job? \_\_\_\_\_ No \_\_\_\_\_ Yes
- d. Defaulted on a contract? \_\_\_\_\_ No \_\_\_\_\_ Yes
- e. Caused a surety to pay a loss? \_\_\_\_\_ No \_\_\_\_\_ Yes
- f. Been involved in any litigation? \_\_\_\_\_ No \_\_\_\_\_ Yes

(Comments) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

12. Tax Liens (Company or Personal): \_\_\_\_ Yes \_\_\_\_ No      Amount \$ \_\_\_\_\_  
 Are all Federal and State taxes current, including payroll taxes? \_\_\_\_ Yes \_\_\_\_ No

13. In the event of the owner's death, is a plan in effect to complete all uncompleted work? \_\_\_\_ Yes \_\_\_\_ No

14. Life Insurance

| Type | Face Amount | On Whom | Beneficiary |
|------|-------------|---------|-------------|
|      |             |         |             |
|      |             |         |             |

15. List Suppliers From Whom Contractor Buys Most Material

| Company Name | City    | State |
|--------------|---------|-------|
|              |         |       |
| Contact Name | Phone # | Fax # |
|              |         |       |

| Company Name | City    | State |
|--------------|---------|-------|
|              |         |       |
| Contact Name | Phone # | Fax # |
|              |         |       |

| Company Name | City    | State |
|--------------|---------|-------|
|              |         |       |
| Contact Name | Phone # | Fax # |
|              |         |       |

| Company Name | City    | State |
|--------------|---------|-------|
|              |         |       |
| Contact Name | Phone # | Fax # |
|              |         |       |

This form must be signed by all principals of the firm. Everything that I/we have stated in this Contractor Questionnaire is true and correct to the best of my/our knowledge. I/we understand that this information will be heavily relied upon by Allied Surety and a misrepresentation could create adverse civil or criminal charges against me/us. Allied Surety is hereby authorized to make periodic inquires regarding my credit and to report it's credit experience with me/us and/or my organization to others.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Title: \_\_\_\_\_

*Please enclose the following:*

- A. Financial Statements
  - 1) Business: A copy of the last three fiscal year-end statements. If last fiscal year-end is over 6 months ago, also provide an interim statement for this fiscal year.
  - 2) Personal: Current Personal Financial Statement.
  - 3) Affiliates, Parent and/or Subsidiaries: Most recent year-end statement of each.
- B. Work in Progress Report; make sure you list all current work.
- C. Resumes of officers and key personal
- D. Reference letters from prior owners and/or general contractors for whom you have worked.
- E. Current insurance certificate (auto, general liability, workers compensation and umbrella).
- F. Bank reference letter outlining current and average balances on demand accounts, line of credit information
- G. Copy of the Articles of Incorporation or Assumed Name Certificate