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GRAPEVINE, TEXAS
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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: \$ _____ 2024, \$ _____ 2023, \$ _____ 2022.
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