

| | |
|---|------------------|
| 1. Name of Firm | Phone Number |
| Address (Street, City or Town, State, Zip Code) | Federal Tax ID # |

ORGANIZATION

| | | |
|---|------------------------|--|
| 2. Type of Business: | Year Business Started: | Years Operated Under Current Management: |
| <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship | | |

| 3. Officers, Key Personnel, and Shareholders: | | | | | | | |
|---|---------------|------------------------|----------------------|----------|-----------------|-------------|-------------------|
| Name | Date of Birth | Social Security Number | % Ownership (If Any) | Position | Years in Const. | Years w/Co. | Previous Employer |
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4. Will shareholders and spouses personally indemnify Surety? ☐ Yes ☐ No If no, explain:

5. Are any shareholder assets held in trusts? ☐ Yes ☐ No
If trusts exist, will they indemnify Surety? ☐ Yes ☐ No If no, explain:

6. Is a **formal** continuity plan in place for the succession of future management? ☐ Yes ☐ No

7. Is a **formal** buyout plan in place? ☐ Yes ☐ No
If so, is the buyout plan fully funded by life insurance or other means? ☐ Yes ☐ No

| 8. Subsidiary / Affiliated Companies: | | | |
|---------------------------------------|-----------------------|-----------------------------|--|
| Name | % of Common Ownership | Function/Purpose of Company | Operating Company |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Has any individual or company listed above ever filed for bankruptcy or held a senior management position with a firm that has caused a surety or a bank a loss? ☐ Yes ☐ No If yes, explain using a separate sheet of paper.

EXPERIENCE AND OPERATIONS

10. What percentage of the firm's work is normally performed as:

Prime Contractor %

Subcontractor %

11. Type(s) of Construction Contracts Sought?

12. Within the kind of construction usually sought, which sub - specialties of construction are typically performed by the applicant's own forces and which are subcontracted?

In House

Subcontracted

13. What percentage of the firm's work is typically subcontracted? %

14. What criteria does the firm use to determine if a subcontractor will be bonded?

15. List the approximate % of work annually performed for the following types of owners:

Governmental %

Institutional %

Utilities %

Industrial %

Developers %

Others %

100%

16. List the approximate % of contracts undertaken using the following types of payment terms:

Fixed Price %

Cost - Plus %

Cost - Plus A Fixed Fee %

Cost - Plus With a Max. Upset Price %

17. What is the largest amount of uncompleted work undertaken by
by your firm? \$ Year :

18. List Your 3 Largest Completed Contracts:

Description

Year
CompletedContract
PriceGross
Profit

Owner

Contact / Phone Number

19. Describe the 2 most technically difficult projects (regardless of size) undertaken by the applicant. Why was the job technically difficult?

Name of Project

Name of Project

20. Is the organization applying for Suretyship, a ☐ Union ☐ Non - Union ☐ Double - Breasted or ☐ Open Shop Contractor?

21. In what geographic area do you work?

Have you ever worked outside your normal geographic area? ☐ Yes ☐ No

If so, where?

22. Has the applicant and/or its related companies and owners engaged in:

Joint Ventures ☐ Yes ☐ No Turn - Key Contracts ☐ Yes ☐ NoForeign Contracts ☐ Yes ☐ No Design Work ☐ Yes ☐ NoReal Estate Development ☐ Yes ☐ No Contracts Lasting More Than Two Years ☐ Yes ☐ No

ACCOUNTING

| | | |
|--|-----------|------------------------|
| 23. Name of Accounting Firm | How Long? | Contact / Phone Number |
| 24. On what level of assurance are financial statements prepared and how often (Annual / Semi-Annual / Quarterly / Monthly)? CPA Audit: CPA Review: CPA Compilation: Internal: | | |
| 25. Do you have a full time accountant on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Years of experience? | | |
| 26. In-house software: | | |
| 27. Are job records kept? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often reviewed? How often updated? Do they show job detail? <input type="checkbox"/> Yes <input type="checkbox"/> No Frequency? | | |

BANK LINE(S) OF CREDIT

| | | |
|------------------|------------------------|-----------------------|
| 28. Name of Bank | Contact / Phone Number | Type of Line / Amount |
| | | |
| | | |
| | | |

REFERENCES

| | | |
|-------------------------------------|------------------------|---------------------------|
| 29. List 3 Architects or Engineers: | | |
| Name of Architect / Engineer | Contact / Phone Number | Owner / Project |
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| | | |
| 30. List 5 Major Suppliers: | | |
| Name of Supplier | Contact / Phone Number | Type of Service / Project |
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| | | |
| 31. List 5 Subcontractors: | | |
| Name of Subcontractor | Contact / Phone Number | Type of Subcontractor |
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PREVIOUS BONDING COMPANIES

| | | |
|--------------------|-----------|--------------------|
| 32. Name of Surety | How Long? | Reason for Leaving |
| | | |
| | | |

LIFE INSURANCE ON KEY PERSONNEL

| | | |
|---------------------------|--------|-------------|
| 33. Name of Key Personnel | Amount | Beneficiary |
| | | |
| | | |
| | | |

INSURANCE

| 34. Coverage | Single Limit | Aggregate Limit | Name of Carrier | Expiration Date |
|-------------------|--------------|-----------------|-----------------|-----------------|
| General Liability | \$ | \$ | | |
| Auto Liability | \$ | \$ | | |
| Umbrella | \$ | \$ | | |
| Workers Comp | \$ | \$ | | |

MISCELLANEOUS

S-2338 (04-04)

listed on this questionnaire? ☐ Yes ☐ No If yes, please provide the details on a separate sheet of paper.

36. Through what fiscal year have your accounts been cleared as a result of an I.R.S. Audit?

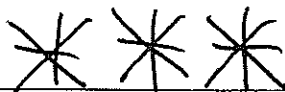
37. Is your company involved in lien actions or law suits not already noted in your latest financial statement? ☐ Yes ☐ No
If yes, please explain in brief:

COMMENTS

38. Please use this space to provide additional information regarding your work experiences, history, unique capabilities, level and degree of computerization, etc., which would permit Travelers to have a more complete understanding of your company.

The Applicant hereby represents that the above statements and responses are accurate and authorizes Travelers, Inc., its affiliates, and/or their agents to contact the references listed above. In addition, as part of our underwriting process, Travelers retains the right to investigate personal credit history. To the extent required by law, we will, upon request, provide notice whether or not a consumer report has been requested by Travelers, and if so, of the name and address of the consumer reporting agency furnishing the report.

| PREPARED BY (Name) | POSITION | SIGNATURE | DATE |
|--------------------|----------|-----------|------|
| | | | |



INFORMATION NEEDS

In order for us to respond timely to your request for credit, please enclose:

- Last three fiscal year-end financial statements with appropriate supporting schedules
 - Job schedules (both open and closed jobs)
 - Account receivable and payable aging schedules
 - G&A schedule
- Current interim financial statement with appropriate supporting schedules
- Related party (if any) financial statements with appropriate supporting schedules
- Personal financial statements for all owners with appropriate supporting schedules
 - Real estate schedule
 - Marketable securities schedule
 - Investment schedule
- Trust agreements (if any assets of owners are held in Trusts)
- Operational information (i.e., organizational chart, resumes for owners and key personnel, reference letters, business plan outlining type of work, growth, and profit objective)
- Bank information (i.e., copy of bank lines/agreements)
- Continuity plan (i.e., life insurance, buy-sell agreement)
- Limited Liability Company Articles and Operating Agreement (if applicable)

WIP Schedule Summary

Contractor's Name: _____

Date: _____

| Contractor Job No. | Job Description | Revised Contract Price | Total Estimated Cost | Cost To Date | Billings To Date |
|-----------------------|-----------------|---------------------------|-------------------------|-----------------|---------------------|
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| 10 | | | | | |
| 11 | | | | | |
| 12 | | | | | |
| 13 | | | | | |
| 14 | | | | | |
| 15 | | | | | |
| Totals | | 0 | 0 | 0 | 0 |