

**JOHNSON & BRYAN**  
**CONTRACTORS SURETY**  
**APPLICATION QUESTIONNAIRE**

DATE PREPARED: \_\_\_\_\_

**GENERAL INFORMATION**

Contractor: \_\_\_\_\_  
 (as name appears on license)

Check one:  Corporation  
 Partnership  
 Proprietorship

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

License No.: \_\_\_\_\_ License Class: \_\_\_\_\_ Tax I.D. No.: \_\_\_\_\_

Date Business Formed: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Has there been any recent change in control of company? YES \_\_\_\_\_ NO \_\_\_\_\_

If so, explain: \_\_\_\_\_

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate?  
 YES \_\_\_\_\_ NO \_\_\_\_\_ If so, explain: \_\_\_\_\_

**CORPORATE OFFICERS-PARTNERS-PROPRIETOR-OWNERS-KEY PERSONNEL: (Please Complete)**

<u>NAME</u>	<u>MARITAL STATUS</u>	<u>AGE</u>	<u>POSITION</u>	<u>% OF OWNERSHIP</u>	<u>SOCIAL SECURITY NUMBER</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In what class of construction do you specialize? \_\_\_\_\_

What was the largest back-log completed: \$ \_\_\_\_\_ # of jobs: \_\_\_\_\_ year: \_\_\_\_\_

List annual gross sales for last 3 years: \$ \_\_\_\_\_ year \_\_\_\_\_ \$ \_\_\_\_\_ year \$ \_\_\_\_\_ year \_\_\_\_\_

**LIST THE TWO LARGEST CONTRACTS COMPLETED IN THE PAST 5 YEARS:**

<u>OWNER, PERSON TO CONTACT</u>	<u>PHONE NUMBER</u>	<u>KIND OF WORK</u>	<u>CONTRACT PRICE</u>	<u>YEAR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**LIST THE THREE LARGEST CONTRACTS CURRENTLY IN PROGRESS:**

<u>OWNER, PERSON TO CONTACT</u>	<u>PHONE NUMBER</u>	<u>KIND OF WORK</u>	<u>CONTRACT PRICE</u>	<u>YEAR</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**NAME OF PRESENT AND PRIOR SURETIES:**

<u>SURETY</u>	<u>AGENT</u>	<u>PHONE NUMBER (include area code)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss? \_\_\_\_\_

If so, explain: \_\_\_\_\_

Does company own adequate equipment? \_\_\_\_\_ and/or lease equipment? \_\_\_\_\_

Has your company ever failed to complete a contract? If so, explain: \_\_\_\_\_

Any disputes on contracts? If so, explain: \_\_\_\_\_

Has company, any affiliated company, or any owner ever experienced a bankruptcy? \_\_\_\_\_ been in receivership? \_\_\_\_\_

If so, explain: \_\_\_\_\_

Are any liens for labor and/or material filed against company on any contracts which have been done or are being done by company? \_\_\_\_\_ If so, explain: \_\_\_\_\_

If additional space is required for any yes answers, please attach additional signed pages.

**LIST PRINCIPAL SUPPLIERS:**

<u>NAME</u>	<u>MATERIAL/SERVICE PROVIDED</u>	<u>STREET ADDRESS, CITY AND ZIP CODE</u>	<u>PHONE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**FINANCIAL INFORMATION**

**ACCOUNTING**

Name of Accounting Firm: \_\_\_\_\_ Phone: \_\_\_\_\_

How many years has this firm prepared financial statements? \_\_\_\_\_ Tax Returns: \_\_\_\_\_

Fiscal year end: \_\_\_\_\_ Are taxes, both company and personal current: \_\_\_\_\_

Basis of preparation of statements:		Tax payments:	
_____ Cash _____ Completed Contract	_____ Cash _____ Completed Contract	_____ Simple Accrual _____ % of Completion	_____ Simple Accrual _____ % of Completion

**BANK**

Name of Bank \_\_\_\_\_ Account Manager \_\_\_\_\_

Address \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Account Numbers \_\_\_\_\_ Amount in use \$ \_\_\_\_\_

Amount of line of credit \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_

How secured: \_\_\_\_\_

Attach letter from bank confirming line of credit and/or relationship/credit/banking history

I/WE AUTHORIZE THE COMPANY TO INVESTIGATE MY STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR LENDING INSTITUTIONS.

SIGNED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
SIGNATURE NAME AND TITLE

AGENT/BROKER \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

ADDRESS \_\_\_\_\_ Agent/Broker License No. \_\_\_\_\_

\_\_\_\_\_ Tax I.D. or Soc. Sec. No. \_\_\_\_\_