

**CONTRACTOR BONDING QUESTIONNAIRE**

1. Legal Name of Company:		Date of incorporation (dd/mm/yy):	
2. Website:	Email:	Tel No.:	Fax:
3. Full Address:			
4. Contractor Type:			
5. Scope of work typically performed:			
6. List all Owners or Corporate Officers (Use a separate sheet if necessary)			
<b>Shareholders Full Name (including middle initial)/Holdco</b>	<b>Residence Address</b>	<b>DOB</b>	<b>Spouse</b>
			<b>Position</b>
			<b>Since</b>
			<b>% Owned</b>
			%
			%
			%
7. Does the company have an operating line of credit in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, what is the limit of the operating line of credit?</b>			
8. Has the company, any prior company or any of the owner(s) or their spouses or a company owned by any of them ever been placed in receivership or bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide details.</b>			
9. Has the company, its owner(s) or any of the related companies provided any guarantee for the indebtedness of any other party, outside Corporation or individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please provide details.</b>			
10. Does the company have one or more related companies? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes, please list them here and attach financial statements.</b>			
<b>Name of Companies</b>	<b>Ownership</b>	<b>Nature of Operations</b>	
11. Please list the three largest projects completed by the company:			
	<b>Project 1</b>	<b>Project 2</b>	<b>Project 3</b>
Project Details			
Contract Price			
Date Started			
Date Completed			
Type of Work			
12. Are there any liens for labour or material <b>filed against</b> you by anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give full details and amounts:</b>			
13. Are there any judgements, suits or claims outstanding <b>against</b> your company, its officers or any company of either? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain on a separate sheet of paper.</b>			
14. Are others disputing any work which you did or failed to do or any account which you presented to them? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please explain fully and give amounts:</b>			
15. Are there any liens for labour or material filed by you <b>against a third party</b> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, please give full details and amounts:</b>			
16. Are there any accounts receivable which are currently delinquent or in dispute? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Please provide full details.</b>			
17. Is the company presently engaged in any dispute with suppliers or sub trades relative to their work or material? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Please provide full details.</b>			
18. Attached to this presentation should be:			
a) Last fiscal year end statements of the applicant and of all related companies whether active or not			
b) Most recent personal property appraisal/ assessment.			

**Consent To Surety's Obtaining Information**

The undersigned acknowledges any personal information provided in connection with the insurance applied for, including but not limited to the information contained in this Application, has been collected in accordance with all applicable privacy legislation. The undersigned confirms all necessary consents have been obtained for the collection, use, and disclosure of such information for the purposes of any investigation and inquiry in connection with this Application for insurance and, if applicable, investigating and settling claims, detecting and preventing fraud, and acting as required or authorized by law. The company may complete any blanks left, or correct any errors in completing any blanks, herein or in the said foregoing statement, and such insertions or corrections shall be prima facie correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date