



# HREN SURETY INSURANCE SERVICES

*specializing in subdivision and contract surety bonds*

P.O. Box 599, Pauma Valley, CA 92061 ♦ P: 760.742.3768 ♦ F: 760.742.3769

## CONTRACTOR'S QUESTIONNAIRE

### IN ORDER TO ESTABLISH BONDING CREDIT FOR YOUR COMPANY WE NEED THE FOLLOWING:

1. Complete this CONTRACTOR'S QUESTIONNAIRE. If a particular bond is needed at this time, please complete the BOND REQUEST FORM (Bid or Final).
2. FINANCIAL STATEMENTS:
  - a. Submit the last three year-end statements; if not in business for three years, submit what is available.
  - b. Submit most current interim statement.
  - c. Submit current personal statement on each owner.
3. RESUME: Submit a detailed resume on each owner and each key employee, as well as the history of the company. This is your opportunity to really explain what experience this firm and its principals have. **(All resumes should be typed).**
4. BANK REFERENCE LETTER: Surety Credit underwriting is similar to bank credit. This item is very important. Bank Reference Letter should be addressed to **Hren Surety Insurance Services**, outlining 1) average balance 2) exact terms of existing loans 3) line of credit (if one exists), and 4) how much, if any, money is available for future working needs and on what terms.
5. WORK IN PROGRESS (form attached): This must be completed as of the most current month and date. Please be sure that each column is completed and that the form is signed.
6. Please submit a copy of your current contractors license (if applicable).
7. Please submit a current Certificate of Insurance.

If you have any questions or we can help in any way, please call.



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**This application must be completed in its entirety. If a question is not applicable, please write "n/a" in the space provided. Please type this form.**

1. CONTRACTOR (Legal Name) \_\_\_\_\_
2. ADDRESS (include county and zip code) \_\_\_\_\_
3. TELEPHONE NUMBER (include area code) \_\_\_\_\_
4. FEDERAL I.D. NUMBER \_\_\_\_\_
5. TYPE OF WORK DONE \_\_\_\_\_
6. OPERATES AS: \_\_\_\_\_ PROPRIETORSHIP \_\_\_\_\_ PARTNERSHIP \_\_\_\_\_ CORPORATION
- 6a. IF PARTNERSHIP, IS THERE A LEGAL PARTNERSHIP AGREEMENT? -- IF SO, PLEASE INCLUDE COPY
7. DATE BUSINESS BEGAN \_\_\_\_\_; FISCAL YEAR END \_\_\_\_\_
8. HOW ARE TAXES PAID: \_\_\_\_\_ % OF COMPLETION \_\_\_\_\_ COMPLETED CONTRACT \_\_\_\_\_ OTHER
9. ARE TAXES CURRENT? (if no, explain)? \_\_\_\_\_
10. HAVE YOU OR ANY PRINCIPALS EVER DECLARED BANKRUPTCY? (if so, explain) \_\_\_\_\_  
\_\_\_\_\_
11. HAVE YOU OR ANY PRINCIPAL OF THIS COMPANY EVER DEFAULTED ON ANY PREVIOUS SURETY BOND?  
(either under this trade name or any other trade name)? \_\_\_\_\_
12. CURRENT BOND COMPANY \_\_\_\_\_; LARGEST BOND \_\_\_\_\_
13. REASON FOR LEAVING BOND COMPANY \_\_\_\_\_
14. WHAT WERE GROSS ANNUAL RECEIPTS LAST FISCAL YEAR? \_\_\_\_\_
15. LARGEST SINGLE COMPLETED JOB \_\_\_\_\_
16. LARGEST AMOUNT OF WORK IN PROGRESS AT ONE TIME \_\_\_\_\_, YEAR \_\_\_\_\_
17. ANTICIPATED AMOUNT OF WORK (next 12 months) \_\_\_\_\_
18. WHAT % OF WORK IS NORMALLY SUB-CONTRACTED? \_\_\_\_\_
19. NAME AND ADDRESS OF CPA \_\_\_\_\_  
\_\_\_\_\_
20. OWNERSHIP: FOR EACH PERSON WHO OWNS 5% OR MORE OF THE COMPANY, FURNISH IN THE FOLLOWING ORDER: NAME (full legal name), TITLE, % OF OWNERSHIP, HOME ADDRESS, DATE AND PLACE OF BIRTH, SOCIAL SECURITY NUMBER, HOME TELEPHONE NUMBER, SPOUSE'S NAME. WE MUST HAVE ALL OF THIS INFORMATION; THEREFORE, WE HAVE PROVIDED TWO LINES FOR EACH OWNER.; IF MORE SPACE IS NEEDED, USE A SEPARATE SHEET.  
A. \_\_\_\_\_  
\_\_\_\_\_  
B. \_\_\_\_\_  
\_\_\_\_\_  
C. \_\_\_\_\_  
\_\_\_\_\_



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21. DO YOU HAVE OTHER BUSINESS AFFILIATIONS? (IF YES PLEASE ATTACH EXPLANATION.)

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22. SUPPLIERS: COMPLETE IN DETAIL (i.e. name, address, phone number, highest credit)

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

23. LARGEST JOBS COMPLETED IN THE LAST 5 YEARS. Include contract price, description of work, project location, year completed and the name and address of the owner (or general contractor, if sub) to contact for reference, phone numbers and names of persons to contact.

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_

24. KEY PERSONNEL IN COMPANY

**NAME**

**POSITION**

**YEARS IN BUSINESS**

**YEARS WITH FIRM**

A. \_\_\_\_\_

B. \_\_\_\_\_

C. \_\_\_\_\_

D. \_\_\_\_\_



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25. A. WHERE DO YOU BANK? \_\_\_\_\_  
B. NAME OF LOAN OFFICER \_\_\_\_\_ TELEPHONE \_\_\_\_\_  
C. DO YOU HAVE A WORKING CAPITAL LINE OF CREDIT? \_\_\_\_\_  
D. IF YES, HOW MUCH? \_\_\_\_\_ HOW MUCH OWED? \_\_\_\_\_

26. INSURANCE COVERAGE

TYPE POLICY	NUMBER	COMPANY	AMOUNT	EXP. DATE
GEN LIAB.	_____	_____	_____	_____
WORK. COMP.	_____	_____	_____	_____
KEY MAN LIFE INSURANCE	_____	_____	_____	_____

27. INSURANCE AGENT \_\_\_\_\_ AGENCY \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_

28. HAVE YOU EVER APPLIED FOR OR OBTAINED BONDS IN THE SMALL BUSINESS ADMINISTRATION'S BOND GUARANTEE PROGRAM? \_\_\_\_\_ IF SO, WHO WAS THE SURETY? \_\_\_\_\_  
LAST DATE \_\_\_\_\_

29. HAVE YOU EVER HAD AN S.B.A. LOAN? \_\_\_\_\_ IF SO, GIVE ALL DETAILS INCLUDING CURRENT STATUS AND LOAN NUMBER \_\_\_\_\_  
\_\_\_\_\_

30. ARE ALL OWNERS WILLING TO PERSONALLY INDEMNIFY THE BOND CARRIERS? \_\_\_\_\_.



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This application consists of this instrument, the financial statement, and all indemnity, security, and trust agreements signed by the applicant with regard to the bond or bonds requested, such financial statement and agreements being incorporated herein by reference.

In addition to routine verification of information pertinent to the bond applied for, if the application is by an individual primarily for personal purposes or, if the application is for a bond primarily for the benefit of a corporation and the said application be also executed for the officers of the Corporation in a personal not a corporate capacity thereby acting as a co-guarantor thereof. Surety's representative may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individual(s), and, upon written request of said individual(s) will disclose in writing the nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

In addition to the information contained in this application as well as the terms and conditions thereof, applicant acknowledges that he has been advised that surety may, as additional collateral, require life insurance on the principal or key employees with surety named as beneficiary. In case of death said collateral shall be used to indemnify surety against loss or expenses. If said collateral shall be required, applicant agrees to provide same at issuance of bond or if unable to so provide, applicant agrees that surety may secure same at applicant's expense.

The representations contained in this instrument and in the financial statement are warranted by the applicant to be true. Such representations in issuing the bond or bonds hereby requested.

**DATE SIGNED** \_\_\_\_\_

X \_\_\_\_\_  
FIRM NAME

Subscribed and sworn in before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

X \_\_\_\_\_ SEAL

\_\_\_\_\_

X \_\_\_\_\_

Notary Public

FOR COMMENTS AND/OR ADDITIONAL INFORMATION PLEASE USE A SEPARATE SHEET OF PAPER.