



INSURORS INDEMNITY COMPANY

P.O. Box 2683, Waco, Texas 76702-2683 Phone (800) 933-7444 , Fax (240)414-5500

Contractor _____

- Individual
- Partnership
- Corporation
- Sub S Corp

Address: _____
 Phone Number: _____ Federal ID No.: _____
 Type of construction: _____ Year business started: _____

Give experience of key personnel

INDIVIDUAL	POSITION	EXPERIENCE		AGE
		CO./INDUSTRY	SS #	

Ownership: Complete on any owner holding 5% or more interest in the company

Full Legal Name: _____ % of Ownership: _____ Age: _____
 Home Address: _____ Phone: _____
 SS #: _____ Spouse's Name: _____

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Who would complete jobs if something happens to key officer or owner?

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No
 If yes, please explain: _____

Banking Facilities and Accounting

Name&Address: _____
 Phone Number: _____ Contact Person: _____
 Line of credit established: _____ Are Personal Endorsements Required? Yes No
 How is credit secured? _____
 Fiscal year end statements prepared by: Independent accountant CPA
 How is credit secured? _____
 Fiscal year end statements prepared by: Independent accountant CPA
 Name&Address of Accountant: _____
 On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion _____
 On what level of assurance are financial statements prepared? Audited Reviewed Compiled _____

Previous Surety? _____	Largest Bond: _____
Reason for changing surety: _____	
Have they ever had a bond declined? _____	If so, why? _____

Name of Individuals Signing Indemnity Agreement:

List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type of Business

What is the largest job they would bid in future? \$ _____

What is anticipated average work load next 12 months? _____

List all life insurance on key personnel

Insured	Amount	Type	Beneficiary	Insuror

Insurance Now Carried:

Workman's Compensation and/or Employer's Liability:	Limits: _____	Co: _____
Public Liability: Limits _____	Co. _____	Auto Liability: Limits _____
		Co. _____
Subcontracts Contingent Liability:	Auto Liability: _____	
	Limits _____	Co. _____
		Limits _____
		Co. _____

List 3 largest completed jobs within the past five years:

* Type of Work _____	Bonded? Yes	No
Contract price _____	Gross Profit _____	Date Completed _____
Owner's name and address _____		
Phone # _____		
Architect or Engineer (name&phone #) _____		
* Type of Work _____	Bonded? Yes	No
Contract price _____	Gross Profit _____	Date Completed _____
Owner's name and address _____		
Phone # _____		
Architect or Engineer (name&phone #) _____		
* Type of Work _____	Bonded? Yes	No
Contract price _____	Gross Profit _____	Date Completed _____
Owner's name and address _____		
Phone # _____		
Architect or Engineer (name&phone #) _____		

Attach Financial Data - We prefer a statement prepared by a CPA or Public Accountant

LIST THE SUPPLIERS YOU BUY MOST MATERIALS FROM:

- A) Name _____ High Credit \$ _____ Terms _____
Address _____ Phone () _____
- B) Name _____ High Credit \$ _____ Terms _____
Address _____ Phone () _____
- C) Name _____ High Credit \$ _____ Terms _____
Address _____ Phone () _____

List the three largest accounts payable (as of this date), amount owed, and person with creditor who knows your account and his/her phone:

- A) Name _____ Amount Owed _____ Past Due? _____
(If yes, explain) _____ Contact Person _____ Phone _____
- B) Name _____ Amount Owed _____ Past Due? _____
(If yes, explain) _____ Contact Person _____ Phone _____
- C) Name _____ Amount Owed _____ Past Due? _____
(If yes, explain) _____ Contact Person _____ Phone _____

List three largest accounts receivable:

- A) Name _____ Amount Owed _____ Past Due? _____
(If yes, explain) _____ Contact Person _____ Phone _____
- B) Name _____ Amount Owed _____ Past Due? _____
(If yes, explain) _____ Contact Person _____ Phone _____
- C) Name _____ Amount Owed _____ Past Due? _____
(If yes, explain) _____ Contact Person _____ Phone _____

* ARE THERE ANY CLAIMS OR DISPUTES? IF YES, ATTACH DETAILS _____ YES _____ NO

SCOPE OF OPERATIONS

Type of Construction _____

Work done for: Federal _____ %	Public _____ %	Private _____ %
What percentage of work is as: Prime _____ %	Subcontractor _____ %	
How much of an average job is: Subbed _____ %	Material _____ %	
Are bonds required from subcontractors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Buy and Sell Agreement?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Any outside owners or stockholders?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

WE CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS TRUE AND CORRECT. WE HEREBY AUTHORIZE INSURORS INDEMNITY COMPANY TO INVESTIGATE DIRECTLY, THROUGH TRADE CREDIT REPORTING COMPANIES, AND THROUGH CONSUMER CREDIT REPORTING AGENCIES ANY INFORMATION PERTAINING TO THIS COMPANY AND/OR THE INDIVIDUALS INVOLVED IN THIS COMPANY. WE AUTHORIZE OUR BANKS, CREDITORS AND SUPPLIERS TO RELEASE CREDIT HISTORY TO INSURORS INDEMNITY COMPANY

Date _____ By _____ Title _____