

Applicant Information

Site Improvement and Subdivision Bond Questionnaire

Applicant(s) Name in	n Full:			Social Security #	FEIN#	
Applicant(s) Address:				Has Applicant(s) Ever Filed for Bankruptcy? YES – Explain NO		
Applicant(s) Telephone Number:			Applicant(s) EMAIL Address:			
Number of years in business:			Number of years of related industry experience:			
Applicant(s) Structure:						
Individual	Sole Proprietorship	Corporation C Corp	oration S Partnership	LLC Joint Ve	nture	
Non-Profit	n-Profit School-University Other (Briefly describe)					
Name of Prior Surety(ies) (if applicable):						
Experience (List the three largest projects completed in the last 5 years) Name and Location: Value of Improvements: \$ Date Completed in the last 5 years)					ompleted:	
Name and Location:		Value of Improvements: \$	Date Completed:			
Name and Location:			Value of Improvements: \$	Date Completed:		
value of improvements, \$ Date Completed.						
Project Type: Commercial Residential						
Address:			Project Number:			
Nature of improvements (concise summary of proposed work):						
nature of improvement	ents (concise summary o	n proposed work).				
Estimated cost of re-	quired improvements: \$					
Date the work is to commence: Estimated comple			etion date:	Maintenance Period:		
Lender/Finance Company Name:			Loan Amount: \$			
Loan Officer: Phone Num						
Will these funds be deposited in an escrow or impound account, and disbursed directly to the improvement contractors? Yes No						
Are any of the improvement contractors to be bonded back to the applicant? Yes No						
If yes, type of work to be bonded back: Bond amount: \$ Does the obligee require their own			Total dollar amount to be bonded? \$ bond form? Yes No			
(If yes, please provide the bond form						
Obligee(s) complete mailing address including zip code:						
If applicant is an ent	ity provide a listing of all	individual owners percent o	wnership and social security num	nher:		
ii applicant is an one	ity, provide a listing of all	marviadai owners, percent o	wherethe and social security hum	iber.		
Name	 -	Percent ownership	Social Security #			
Name		Percent ownership	Social Security #			
						
Name		Percent ownership	Social Security #			
Name		Percent ownership	Social Security #			
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Name		Percent ownership	Social Security #			

Please provide details relating to any questions answered "yes"					
*Is the applicant(s) a <u>non-U.S</u> . Citizen or Business? yes no					
*Has any applicant(s) ever been convicted of a felony or crime involving dishonesty, including theft or fraud? yes no					
*Has any applicant(s) ever had a bond claim filed or paid against them? yes no					
*Does any applicant(s) have any suits, liens or judgments filed against them? yes no					
*Has the requested bond been declined by another Surety Company? yes no					
Date: Applicant:					
Agency Data (To be completed by Agency) Agency Name: Phone Number: Is Applicant an Existing Insurance Account? yes no Length of Relationship: Comments/Recommendations:					

ADDITIONAL ITEMS REQUIRED

- 1. Copy of the last two (2) years CPA prepared fiscal year-end financial statements. If a CPA prepared statement is not available, please provide an in house prepared fiscal year-end statement and most recent tax returns.
- 2. Personal Financial Statement and tax return for each owner
- 3. Copy of Entity Organizational Documents for Applicant (Articles of Incorporation, Partnership Agreement, Joint Venture Agreement and other similar defining documents)
- 4. Resumes of owners, principals and/or officers
- 5. Financing Commitment or Letter of Intent from Construction Lender
- 6. Signed Leases or Presale agreements (if applicable)
- 7. Copy of the Township's approval and civil engineer's estimate of improvement costs
- 8. Subdivision Agreement (if applicable)
- 9. Map showing location of property

Providing these documents will assist your underwriter in making a prompt and complete evaluation of your bond request. Thank you.