

Agency:

Address:

**CONTRACTOR'S EXPERIENCE & INFORMATION SHEET**

Name (Include DBA) Phone (\_\_\_\_)

Address (Street address, city, state and zip) Fax (\_\_\_\_)

**ORGANIZATION AND BACKGROUND**

- Type of Business:  Corporation  Sole Proprietorship  Partnership  Other (Specify)
- Date Business Formed \_\_\_\_\_ Date Incorporated \_\_\_\_\_
- If successor business, name of predecessor
- List owners, officers, partners and key personnel:

NAME	POSITION	AGE	% OWNER	YEARS IN CONST.	SOCIAL SECURITY NUMBER	SPOUSE'S NAME

- Will the above listed owners, officers, partners and spouses personally indemnify surety?  Yes  No  
 If no, explain

- List Subsidiary, Affiliated or Related Companies which this firm/stockholders have an interest:

NAME	ADDRESS	TYPE OF BUSINESS	STOCK OWNERSHIP

- Have you ever been bonded?  Yes  No If yes, by whom?

**SCOPE**

- Type of construction Territory
- Percent of work completed as prime contractor \_\_\_\_(%);  
 Percent of work bonded \_\_\_\_(%)
- Desired annual sales volume: Desired maximum single job size:
- List largest jobs completed in past 5 years:

Contract price	Description of Job	Year Complete	Bonded	Owner Name and Telephone #	Architect/Engineer Name and Telephone #

12. Has contractor or any of the owners ever:

- a. Defaulted on a contract?  Yes  No If yes, explain
- b. Caused a Surety to pay a loss?  Yes  No If yes, explain
- c. Petitioned for Bankruptcy?  Yes  No If yes, explain

13. Is organization or any of its owners, officers or partners currently involved in litigation?  Yes  No

If yes, explain

### CREDIT INFORMATION

14. Bank:

NAME	ADDRESS	CONTACT	TELEPHONE #	LINE OF CREDIT AMOUNT	NATURE OF SECURITY

15. List principal suppliers:

NAME	ADDRESS (include City and State)	PHONE (include area code)

### FINANCIAL INFORMATION

16. Accountant:

Name:

Contact Person:

Address:

Phone: ( ) Fax ( )

17. Year-end date for organization:

Are you a "Sub Chapter S" Corporation?  Yes  No

18. Life Insurance:

NAME	CARRIER	BENEFICIARY	AMOUNT	CASH VALUE

19. Remarks

The above answers are true to the best of my knowledge and belief and the undersigned hereby authorizes Nationwide Mutual Insurance Company, AMCO Insurance Company, Allied Property & Casualty Insurance Company, hereinafter called "Company" or its agents to confirm any items contained in the questionnaire and hereby authorizes and requests all depositories or banks in which funds are deposited or from which monies may be borrowed, any material man, supply house, or other person, firm, CPA or accountant to furnish any information requested by the Company or its agents, concerning any transactions with the undersigned and authorizes the Company to furnish any information which it now has, or may hereinafter obtain, to other companies for the purpose of securing reinsurance or co-suretyship.

By:

Date:

Title: