

**The Mechanic Group, Inc.**  
**One Blue Hill Plaza, Suite 530 \* Pearl River NY 10965**  
**(800) 214 0207 \* (845) 735 0700 \* Fax (845) 735 8383**

**CONTRACTOR QUESTIONNAIRE FOR SURETY CREDIT**

1. Name of your business: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_  
City State Zip

**ORGANIZATION**

2. Type of Business:     Corporation     Partnership     Limited Liability Company     Proprietorship

Year Business Started: \_\_\_\_\_ # of years business controlled by current ownership: \_\_\_\_\_

3. Please list all individuals who have an ownership interest in the business listed above:

Name	Date of Birth	Social Security #	% Ownership	Position	Years in Sec	Years w/Co.	Name of Spouse

**AUTHORIZATION TO CONDUCT CREDIT AND BACKGROUND CHECK**

**each and every owner and their spouse must sign below for your request for surety credit to be processed**

I hereby authorize The Mechanic Group, Inc. and/or Carolina Casualty Insurance Company to conduct a comprehensive review of my background and credit history causing a consumer report and/or an investigative consumer report to be generated for surety credit purposes. I understand that the scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas: Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living. I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to The Mechanic Group, Inc. and/or Carolina Casualty Insurance Company.

I hereby release Carolina Casualty Insurance Company & The Mechanic Group, Inc. its agents, employees, officers, owners and representatives from any and all liability for damages of whatever kind, which may, at any time, result to me, my heirs, family, or associates because of the authorization i have given. I understand this authorization automatically expires 90 days from the date executed below and that I have the right to revoke the authorization at any time, provided I do so in writing.

Name	SS#	Signature	Title	Date

Yes     No

4. Will Shareholders and spouses personally indemnify Surety?  Yes  No
5. Are any shareholders assets held in trusts?  Yes  No  
 If trusts exist, will they indemnify Surety?  Yes  No If no, explain: \_\_\_\_\_
6. Is a formal continuity plan in place for the succession of future management?  Yes  No
7. Is a formal buyout plan in place?  Yes  No  
 If so, is the buyout plan fully funded by life insurance or other means?  Yes  No
8. Please list all businesses that any shareholder has an ownership interest in:

Name	% of Common Ownership	Function/Purpose of Company	Operating Company
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Has any individual or company listed above ever filed for bankruptcy or held a senior management position with a firm that has caused a surety or a bank a loss?  Yes  No  
 If yes, explain: \_\_\_\_\_

**EXPERIENCE AND OPERATIONS**

10. What percentage of the firm's work is normally performed as: Prime Contractor 0% Subcontractor 0%
11. Type(s) of Contracts Sought? \_\_\_\_\_
12. What type of work do you subcontract? \_\_\_\_\_
13. What percentage of the firm's work is typically subcontracted? 0%
14. Do require your subcontractors to be bonded?  Yes  No

15. List the approximate % of work annually performed for the following types of owners:	Commercial	%	16. List the approximate % of contracts undertaken using the following types of payment terms:	Fixed Price	%
	Industrial	%		Cost - Plus	%
	Institutions	%		Cost - Plus A fixed Fee	%
	Federal Government	%		Cost - Plus with a Max. Upset price	%
	State and Local Government	%		17. What is the largest amount of revenue you ever billed in one calender year? What year was that?	
	Residential	%			
	Other : _____	%			
TOTAL		100%			

18. List your 5 largest on going contracts:

	Name of Client	Annual Revenue	Direct Labor	Cost of Goods
1				
2				
3				
4				
5				

19. List the 5 largest contracts you have completed - finished

	Name of Client	Annual Revenue	Year Completed	Any dispute with client after completion date?
1				
2				
3				
4				
5				

20 Describe the 2 most technically difficult projects (regardless of size) undertaken by the applicant. Why was the job technically difficult?

Name of Project: \_\_\_\_\_

Why: \_\_\_\_\_

Name of project: \_\_\_\_\_

Why: \_\_\_\_\_

20. Does your business have unionized labor?  Union  Non-Union  Union only for select contracts

21. In what geographic area do you work? \_\_\_\_\_

23. What is the name of your outside Accounting firm: \_\_\_\_\_

Name of Accountant within firm: \_\_\_\_\_

Telephone # \_\_\_\_\_

# of years as your Accountant: \_\_\_\_\_

24. On what level of assurance are financial statements prepared:

CPA Audit: \_\_\_\_\_ CPA Review: \_\_\_\_\_ CPA Compilation: \_\_\_\_\_ Internal: \_\_\_\_\_

How often are financial statements prepared?  Monthly  Quarterly  Semi-Annually  Annually

25. Who manages the finances of your business:  Chief Financial Officer  Controller  Bookkeeper  Owner / President

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Name of person responsible for business finances

Years Experience

College & Degree

26. What is the name of your scheduling software? (if none so state) \_\_\_\_\_

What is the name of your accounting software package? \_\_\_\_\_

Are job records kept?  Yes  No If yes, how often reviewed? \_\_\_\_\_

Do they show job detail? \_\_\_\_\_ Frequency? \_\_\_\_\_

**BANK LINE(S) OF CREDIT**

27 Name of your Bank: \_\_\_\_\_

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Contact Person

Telephone #

Address

City, State , Zip Code

1 Current MAX \$ Line of Credit \$ \_\_\_\_\_

2 How much of your credit line is currently being used \$ \_\_\_\_\_

3 How much cash is available to start new jobs \$ \_\_\_\_\_

4 How do you collateralize the line? \_\_\_\_\_ *accounts receivables, personal guarantee etc.*

*\* Please attach a currently dated borrowing base certificate to this questionnaire*

*\* Please attach a bank reference letter to this questionnaire*

**REFERENCES**

29. List 3 Industry References

	Name	Years known	State relationship to your business
1			
2			
3			

30. List 2 Major Suppliers:

	Name of Supplier	# of years you have done business with this entity	Max Credit Extended (\$ amount)
1			
2			

**PREVIOUS BONDING COMPANIES**

32.

Name of Surety	How Long?	Reason for Leaving

**LIFE INSURANCE IN PLACE FOR OWNERSHIP**

33.

NAME OF OWNER	Amount	Beneficiary
	\$ -	
	\$ -	
	\$ -	
	\$ -	

**INSURANCE**

34.

Coverage	Limit of Insurance	Broker	Name of Carrier	Expiration Date
1 Commercial Liability				
2 Umbrella				
3 Auto				
4 Fidelity				
5 Employment Practices				
6 Workers Compensation				
7 Property				

- 35 What is the amount of the surety line of credit you are applying for:
- \$100,000 to \$500,000
- \$500,000 to \$1,000,000
- \$1,000,000 to \$2,000,000
- \$2,000,000 to \$3,000,000
- \$3,000,000 to \$5,000,000
- \$5,000,000 to \$10,000,000
- Over \$10,000,000

36 An important note about surety bonds: Surety Bonds which include Bid, Performance or Payment Bonds are NOT insurance policies. They are financial guarantees. The Surety Insurance Company requires reimbursement and indemnification from both the corporation and each principal owner of the business listed above in the event of a contract default. In the event of a default the surety insurance company will look to the assets of the business and if inadequate require personal reimbursement by each owner of the business. Please be sure you are 100% confident in your ability to do the work that has a bond attached to it. Surety Bond Insurance Companies can and do go after your personal assets in the event of a contract default

I have read and understand this statement (must be majority shareholder)

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Name

Title

Date

Witness

*(print name and sign)*

*(print name and sign)*

**MISCELLANEOUS**

- 37 Are the companies or shareholders listed above acting as guarantors for bank, surety, or other obligations for companies not already listed on this questionnaire?  Yes  No

If yes, please provide the details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMMENTS**

38. Please use this space to provide additional information regarding your work experiences, history, unique, capabilities, level and degree of computerization, etc., which would permit the surety company to have a more complete understanding of your company.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The undersigned hereby represents that the above statements and responses are accurate and authorizes the Surety Company and/or its Affiliated Companies to conduct the references listed above. The undersigned also provides permission to procure credit report and reference information as we deem necessary.

\_\_\_\_\_  
PREPARED BY (NAME)                      \_\_\_\_\_ POSITION                      \_\_\_\_\_ SIGNATURE                      \_\_\_\_\_ DATE