

The Mechanic Group
 A Division of Specialty Program Group LLC
 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
Name	SS#	Signature	Title	Date
Name	SS#	Signature	Title	Date
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

(print name and sign)

Title

Date

Witness

(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 _____