

# The Ohio Casualty Insurance Company

## West American Insurance Company

### American Fire & Casualty Company

136 North Third Street, Hamilton, Ohio 45025

#### CONTRACTOR'S QUESTIONNAIRE

NAME OF BUSINESS (OR TRADESTYLE): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE #: \_\_\_\_\_

TAX I.D. #: \_\_\_\_\_

DATE BUSINESS STARTED: \_\_\_\_\_

DATE INCORPORATED: \_\_\_\_\_

- PROPRIETORSHIP
- PARTNERSHIP
- "C" CORPORATION
- "S" CORPORATION
- OTHER \_\_\_\_\_

IF SUCCESSOR TO PRIOR BUSINESS, NAME OF PREDECESSOR: \_\_\_\_\_

LIST ORGANIZATION'S PRINCIPALS, OFFICERS, KEY EMPLOYEES (PROJECT MANAGERS, SUPERINTENDENTS, ESTIMATORS, ETC.) AND INDICATE CONSTRUCTION EXPERIENCE. ATTACH RESUMES, IF AVAILABLE.

NAME	POSITION	DATE OF BIRTH	% STOCK	EXPERIENCE

(If additional space is needed, attach separate sheet.)

IS THE FULL INDEMNITY OF ALL OWNERS, PARTNERS AND/OR STOCKHOLDERS (INCLUDING EACH PARTY'S RESPECTIVE SPOUSE) AVAILABLE? YES \_\_\_\_ NO \_\_\_\_ . LIST BELOW THE FULL LEGAL NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EACH PARTY AND RESPECTIVE SPOUSE.

NAME	HOME ADDRESS & ZIP CODE	SOCIAL SECURITY NO.

LIST AFFILIATES, SUBSIDIARIES OR RELATED COMPANIES IN WHICH THIS FIRM OR ITS STOCKHOLDERS HAVE AN INTEREST:

COMPANY	RELATIONSHIP TO PRINCIPAL	% OWNERSHIP BY PRINCIPAL

TYPES OF CONSTRUCTION WORK YOU DO: \_\_\_\_\_

HAVE YOU BEEN, OR DO YOU INTEND TO BECOME INVOLVED IN DESIGN/BUILD WORK, REAL ESTATE DEVELOPMENT, TURNKEY PROJECTS OR SPECULATIVE BUILDING? YES \_\_\_\_ NO \_\_\_\_ . IF SO, PLEASE ATTACH FULL EXPLANATION.

TERRITORY OF OPERATIONS: \_\_\_\_\_

LIST THE SIX LARGEST CONTRACTS YOU HAVE DONE IN THE LAST 5 YEARS:

OWNER & FULL MAILING ADDRESS	JOB DESCRIPTION & LOCATION	ARCH./ENGINEER MAILING ADDRESS	CONTRACT PRICE	PROFIT (GROSS)	YEAR DONE

**PRESENT UNCOMPLETED WORK:**

OWNER & FULL MAILING ADDRESS	JOB DESCRIPTION & LOCATION	ARCH./ENGINEER MAILING ADDRESS	CONTRACT PRICE	% DONE	EXPECTED COMPLETION DATE

ARE ALL UNCOMPLETED PROJECTS ON SCHEDULE? YES \_\_\_\_ NO \_\_\_\_ . ARE THERE ANY DISPUTES, DELAYS OR OTHER PROBLEMS? YES \_\_\_\_ NO \_\_\_\_ . IF SO, ATTACH FULL EXPLANATION.

WHAT SURETY COMPANIES HAVE FURNISHED BONDS FOR YOU IN THE PAST, IN WHAT AMOUNTS AND THROUGH WHICH AGENCY? \_\_\_\_\_

NAME SIX SUPPLIERS FROM WHICH YOU BUY MOST OF YOUR MATERIALS:

NAME	ADDRESS

WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND YOU HAVE EVER HAD AT ONE TIME? \_\_\_\_\_  
 \_\_\_\_\_ YEAR \_\_\_\_\_

WHAT SIZE JOB AND TOTAL WORK PROGRAM DO YOU FEEL BEST ABLE TO HANDLE?

JOB SIZE \_\_\_\_\_ TOTAL WORK PROGRAMS \_\_\_\_\_

WHAT IS YOUR FISCAL YEAR END? \_\_\_\_\_

AT WHICH BANK HAVE YOU ESTABLISHED A FORMAL LINE OF CREDIT:

BANK	ADDRESS	LINE AMOUNT	COLLATERAL

IS THERE A BUY-SELL AGREEMENT IN EFFECT? YES \_\_\_\_ NO \_\_\_\_ . IF SO, PLEASE PROVIDE A COPY. IF NOT, ATTACH FULL EXPLANATION OF CONTINUITY ARRANGEMENTS.

LIFE INSURANCE:

INSURED	AMOUNT	BENEFICIARY	TYPE: WHOLE LIFE, TERM, ETC.

ARE THERE ANY TRUST AGREEMENTS IN EFFECT? YES \_\_\_\_ NO \_\_\_\_ . IF SO, PLEASE ATTACH COPY. DOES THIS TRUST NOW HOLD, OR WILL HOLD AT SOME FUTURE DATE ANY OF THE COMPANY STOCK OR ASSETS? YES \_\_\_\_ NO \_\_\_\_ .

DO YOU BOND SUBS? YES \_\_\_\_ NO \_\_\_\_ . IF NOT, HOW DO YOU PREQUALIFY THEM? \_\_\_\_\_

HAVE YOU OR ANY OFFICER, PARTNER, STOCKHOLDER OR PRINCIPAL EVER BEEN ASSOCIATED WITH A COMPANY WHICH HAS FAILED TO COMPLETE A CONTRACT, CAUSED A SURETY A LOSS, FAILED IN BUSINESS, OR COMPROMISED A CREDITOR? YES \_\_\_\_ NO \_\_\_\_ . IF SO, PLEASE ATTACH A FULL EXPLANATION.

ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION? YES \_\_\_\_ NO \_\_\_\_ . IF SO, PLEASE ATTACH FULL EXPLANATION.

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED, SEALED AND DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_ .

\_\_\_\_\_  
(WITNESS)

\_\_\_\_\_  
(PRINCIPAL)

By: \_\_\_\_\_  
(TITLE)

(PLEASE MAKE SURE ALL QUESTIONS ARE FULLY ANSWERED)

TO WHOM IT MAY CONCERN:

THIS HEREBY AUTHORIZES ANY PARTY, FIRM OR CORPORATION TO FURNISH INFORMATION REGARDING MY ACCOUNT, TO THE OHIO CASUALTY INSURANCE COMPANY AND/OR WEST AMERICAN INSURANCE COMPANY AND/OR AMERICAN FIRE & CASUALTY COMPANY. THIS INFORMATION IS NECESSARY TO ESTABLISH BONDING CREDIT.

\_\_\_\_\_  
(CONTRACTOR)

By: \_\_\_\_\_  
(TITLE)

Date: \_\_\_\_\_

STATUS OF CONTRACTS

Name and Address of Contractor

Uncompleted Contracts  
 as of \_\_\_\_\_

	1	2	3	4	5	6
Contract Description and Location	Contract Price Including Approved Change Orders	Contractor's Estimated Cost at Time of Bid (1)	Total Amount Billed To Date Including Retainage (2)	Total Costs To Date	Revised Estimated Remaining Cost To Complete	Est. Compl. Date
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
Totals						

Contracts Completed During Last Fiscal Year or Since Last Status of Contracts Report

Contract Description and Location	Final Contract Price	Total Cost	Gross Profit or Loss

1. Include contractor's original estimated total cost plus cost of all change orders and extra work orders approved to date.

2. Do not include "claims" or "disputed items." If desired, attach an explanation.

This Information Prepared \_\_\_\_\_

By \_\_\_\_\_

Date \_\_\_\_\_