



A Division of Frankenmuth Insurance

Non-Construction Performance Questionnaire Commercial Surety

1. GENERAL INFORMATION

Name of Firm:		Phone:
Address: (Street, City or Town, State, Zip)		Fax:
Contact Person:	Email:	Firm Website:

2. AGENCY INFORMATION:

Name of the firm's insurance agency?	
Agent's name:	E-mail:
Agent's phone:	Fax:

3. APPLICANT INFORMATION

State of Incorporation:	Year Started:	Tax ID:
Service Specialty:		Geographic Area(s) of Operation:
Type of Business: <input type="checkbox"/> C-Corp <input type="checkbox"/> Sub-S Corp. <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> Other		

4. OWNERSHIP INFORMATION

Legal Name:	Date of Birth (if applicable):	SSN / Tax ID:
Title/Position:		Percentage of Ownership:
Home Address:		
Spouse's Name:		Spouse SSN:
Legal Name:	Date of Birth(if applicable):	SSN / Tax ID:
Title/Position:		Percentage of Ownership:
Home Address:		
Spouse's Name:		Spouse SSN:
Legal Name:	Date of Birth (if applicable):	SSN / Tax ID:
Title/Position:		Percentage of Ownership:
Home Address:		
Spouse's Name:		Spouse SSN:

5. Which above individual is legally authorized to sign on behalf of the firm?:	
What is the authorized party's title?	

6. Will all of the above individuals and their spouses personally indemnify the Surety? Yes No	
If Yes, are any of the individuals holding assets in trusts? Yes No	If Yes, will the trust indemnify on the bonds? Yes No
If No, please explain:	

7. KEY PERSONNEL

Name	Position	Date of Birth	Yrs Experience	Yrs with Company

BUSINESS INFORMATION

8. Has your firm, its subsidiaries, stockholder(s) or affiliates ever petitioned for bankruptcy, failed in a business or defaulted on a contract, loan agreement or other business agreement or have been disbarred from bidding?	Yes No
If Yes, please explain:	
9. Does the firm or any stockholder(s) provide any capital or are responsible for any liabilities/guarantees to any affiliates or subsidiaries?	Yes No
If Yes, please explain:	
10. Is your firm, its subsidiaries, stockholder(s) or affiliates currently involved in any litigation?	Yes No
If Yes, please explain:	
11. What percentage of the firm's work is obtained through - Hard Bid: % RFP/Negotiated: % Purchase Order: %	
12. What percentage of the firm's work is normally for - Public: % Private: %	
13. Does any one customer represent a significant portion of your annual revenue? Yes No If Yes, what percentage? %	

14. What percentage of the firm's work is generated from bonded/non-bonded contracts?	% Bonded contracts:	% Non-bonded contracts:
15. What percentage of the bonded contracts is sub-contracted by you to others?		
16. Does your company have a standard contract? Yes No If Yes, please attach a copy		
17. What is the average duration of your contracts?		The maximum?
18. What is the largest project you expect to undertake this year?		Next year?
19. What is the largest amount of work your firm has under contract at any given time? \$		
20. What is your anticipated annual volume this year?		Next year?
21. What is the normal bonding capacity needed? Single:		Aggregate:
22. What other guarantees beyond performance are included?		
23. Has the firm performed work as a Joint Venture? Yes No	Designer? Yes No	Turn Key? Yes No
LEED Certified? Yes No	Outside U.S.A? Yes No	If so, what country?
24. List the approximate % of work annually performed for the following types of owners: Governmental %, Institutional %, Utilities %, Industrial %, Developers %, Other/Private Owners % If Other, Describe:		
25. List the approximate % of contracts undertaken using the following types of payment terms: Fixed Price %, Cost-Plus %, Cost-Plus A Fixed Fee %, Cost-Plus With a Max. Upset Price %		
26. Has the firm performed work using an annual bond form? Yes No		
27. Has the firm been required to provide bonds less than 100% of contract amount? Yes No		
28. List three (3) of your major competitors:		
1.		
2.		
3.		

29. FINANCIAL INFORMATION:

Name of CPA firm that prepares corporate financial statements:			
CPA firm contact:		E-mail address:	
CPA firm's address:			
CPA firm's telephone:		Fax:	
What is your firm's fiscal year-end?			
On what basis are taxes paid?	Cash	Completed Job	Accrual % of Completion

On what basis are the financial statements prepared?	Cash	Completed Job	Accrual	% of Completion
On what level of assurance are the financial statements prepared?	CPA Audit	Review	Compilation	
How often are financial statements prepared?	Annually	Semi-annually	Quarterly	Monthly
Do you have a full-time accountant on staff?	Yes	No	Professional Designations?	

30. BANKING INFORMATION:

Name of Bank:	Contact Name:			
Bank Address:	E-mail:			
Phone Number:	Fax:			
Accounts at above bank:	Checking/Operating	Savings	Money Market	Retirement/IRA/401K
Do you have a line-of-credit with the above bank? <input type="checkbox"/> Yes <input type="checkbox"/> No	Which bank?			
What is the capacity?	What is the expiration?	Amount currently borrowing?		
How is the line guaranteed?	I do not have a line-of-credit.		I plan to establish one.	
Are you in compliance with bank covenants?	Yes	No	If no, please explain?	
Have letters of credit been used to support contract bond needs? Yes No	If yes, are any currently outstanding in support of contracts? Yes No			
If yes, please include a list of contracts:				

31. EXPERIENCE & REFERENCES:

Has your firm ever been bonded in the past? Yes No			
If yes, how long ago		with what surety?	
What was your reason for leaving?			
List four (4) of your largest contracts:			
1. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:		Bonded? Yes No
2. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:		Bonded? Yes No
3. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:		Bonded? Yes No
4. Job Name:	Size: \$	Gross Profit: \$	Date Finished:
Contact:	Phone:		Bonded? Yes No

32. INSURANCE

Please provide proof of current coverage for the following:					
General Liability	Auto Liability	Umbrella	Workers Comp	Professional Liability	Other:

33. CONTINUITY

Is there a buy/sell agreement among the owners of the firm? Yes No	Is this agreement funded by life insurance? Yes No
If no agreement is in place, is there an informal continuity plan? Yes No N/A If yes, explain below:	

List any life insurance in effect on officers or key personnel:

Name	Beneficiary	Amount	Insurance Company
		\$	
		\$	
		\$	
		\$	

34. RELATED ENTITY & SUBSIDIARY INFORMATION:

Please list any affiliates, subsidiaries, or commonly-owned companies:

Firm Name	Ownership & Percentage	Type of Business	Willing to Indemnify?
			Yes No
			Yes No
			Yes No
			Yes No

Application Completed By:	Date:
_____	_____
Signature	

Print Name & Title	
<p>The applicant and indemnitors hereby request Frankenmuth Mutual Insurance Company and any affiliated company, their successors, or assigns to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion. Upon approval of any bond(s), the applicants and indemnitors will receive an e-mail with instructions on how to execute an indemnity agreement through an e-signature process, including instructions on how to review the indemnification agreement prior to execution.</p> <p style="text-align: center;">Please speak with your agent for additional details.</p>	