



# Fenchurch General Insurance Company

## Contract Surety Questionnaire

Legal Name of Company:	Date Business Established:
Email Address:	Website:
Street: Province: City: Postal Code:	Telephone: Fax:

**1. List of all Owners**

Name / Holdco: Home Address:	DOB: Since:	Position: %:
Name / Holdco: Home Address:	DOB: Since:	Position: %:
Name / Holdco: Home Address:	DOB: Since:	Position: %:
Name / Holdco: Home Address:	DOB: Since:	Position: %:

**1. Key Personnel (Engineers, Estimators, Project managers, etc.) Use a separate sheet if necessary**

Name: Position: Previous Employer:	Age: Since: Position:	
Name: Position: Previous Employer:	Age: Since: Position:	
Name: Position: Previous Employer:	Age: Since: Position:	
Name: Position: Previous Employer:	Age: Since: Position:	

2. Has the company, any prior company or any of the owners or their spouses or a company owned by any of them ever been placed in receivership or bankruptcy? If yes, please provide details.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
3. Has the company, its owners or any of the related companies provided any guarantees for the indebtedness of any other party, outside Corporation or individuals? If yes, please provide details.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



<b>4. Does the company have one or more related companies? If yes list them here and attach financial statements.</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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**Name:**

**Nature of Operations:**

<b>5. Type of Contractor e.g. General Building Contractor, Paving, Electrical, etc. (If more than one type list all and give approximate percentage of annual sales applicable to each):</b>
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<b>6. Have there been any changes in the control, ownership, or management of the company in the past 3 years or are any such changes impending? If yes, please explain fully on a separate sheet of paper.</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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<b>7. State type of owner for whom you do work and list approximate percentage of your annual sales for each:</b>											
Government		%	Utilities		%	General Contractors		%	Private Residential		%
Institutions		%	Private Companies		%	Developers		%	Others		%

<b>8. For each type of construction you do, list the 4 largest Fixed-Price Contracts you have completed.</b> Use a separate piece of paper if necessary.			
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Contract Price	\$	\$	\$	\$
Type of Work				
Location				
Owner/General				
Gross Profit	\$	\$	\$	\$
Date Completed				
Surety				

<b>9. In What Geographic area do you work?</b>	<b>Do you ever work outside of it?</b>	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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<b>10.</b>	Union? <input type="checkbox"/>	Non union? <input type="checkbox"/>	Do you pay Union scale wages?	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
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Duration of contract:	When does contract expire:
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<b>11. What was the largest amount of work on hand at any one time in the past 4 years?</b>		
\$	Year:	It consisted of contracts.

<b>12. What percentage of your work is usually sublet to others? %</b>	
Types of work undertaken with own forces:	
Types of work usually sublet:	
Do you obtain bonds from your subcontractors?	



13. List your present 4 largest suppliers			
Name of Company	Mailing Address	Fax #	Phone #

14. Name of present or most recent surety:  
 Limits established: (a) Total work on hand: \$ \_\_\_\_\_ (b) Single job: \$ \_\_\_\_\_  
 Reason for changing surety:  
 Have you ever been refused a bond? Yes:  No:   
 If Yes, why: \_\_\_\_\_

15. Name of accounting firm:  
 Contact person: \_\_\_\_\_ Phone #: \_\_\_\_\_

16. At what intervals are interim statements prepared?  
 Monthly:  Quarterly:  Semi-annually:  Annually:

17. Name of bank: \_\_\_\_\_ Address: \_\_\_\_\_  
 Act Mgr.: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ With bank since: \_\_\_\_\_  
 What is authorized line of credit? \$ \_\_\_\_\_ How much presently used? \$ \_\_\_\_\_

18. Are there any liens for labour or material filed against you by anyone? Yes:  No:   
 If yes state the amounts and details: \_\_\_\_\_

19. Are there any judgments, suits or claims outstanding against your company its officers or any company of either? If yes, explain on separate page.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
20. Are others disputing any work which you did or failed to do or any account which you presented to them? If yes, explain on separate page.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
21. Are there any liens for labour or material filed by you against a third party? If yes, explain on separate page.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>
22. Is the company presently engaged in any dispute with suppliers or sub trades relative to their work or materials? If yes, explain on separate page.	Yes: <input type="checkbox"/>	No: <input type="checkbox"/>



23. Is there a formal Buy/Sell agreement? If so, please attach a copy. Yes:  No:   
 By what means is it funded?

24. Is there Key Man life insurance? Yes:  No:

Key Person	Amount	Beneficiary
	\$	
	\$	

25. List of insurance coverage in effect:

Coverage	Yes	No	Limits	Ins Co	Coverage	Yes	No	Limits	Ins Co
Liability	<input type="checkbox"/>	<input type="checkbox"/>			Fidelity	<input type="checkbox"/>	<input type="checkbox"/>		
Environmental	<input type="checkbox"/>	<input type="checkbox"/>			Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Errors & Omissions	<input type="checkbox"/>	<input type="checkbox"/>							

26. What is the maximum size contracts in each of the types of work you do, do you think your company is best qualified to handle

Type:	Type:	Type:
Amount: \$	Amount: \$	Amount: \$

27. What work program do you feel your organization is qualified to undertake:

Total program any one time:	During the next 12 months:
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28. Attached to this presentation should be:

- a) Last three fiscal year end statements and any recent interim statement of the applicant and of all related companies
- b) Personal financial statements of all shareholders and financial statements of their other companies whether active or not
- c) Purpose and description of operations of each of the related or privately owned companies whether active or not
- d) Current Uncompleted Work Schedule *and* Uncompleted Work Schedule as of latest financial year end
- e) A copy of the complete Line of Credit Loan Agreement with your bank.

**“NOTICE AND ACKNOWLEDGEMENT”**

If, within this questionnaire, the contractor must submit personal information on anyone, within the meaning of the act *respecting the protection of personal information in the private sector*, the contractor acknowledges having obtained such information from the persons concerned or from third parties with the consent of such persons, from whom it has obtained the consent to communicate such information for the purpose of this questionnaire.

The Undersigned hereby represents that the above statements are true and authorizes the bank and the other references to verify the correctness of the statements.

Prepared for the company by:	Position:
Signature:	Date: