

THE BOND EXCHANGE

AND INSURANCE AGENCY

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www.thebond-exchange.com

Contractors Qualification Questionnaire

Company Name: _____					
Address: _____					
City: _____		State: _____	Zip: _____	Federal Tax I.D.: _____	
Phone: _____		Fax: _____	Contact Email: _____		
Type of Business: Sole Proprietorship C Corporation S Corporation					

Contractors License Number: _____ Date Business Incorporated: _____

Company Owners:

Name	Position	Percent of Ownership	Social Security Number	Name of Spouse	Spouse's Social Security Number

Are there any related companies through common ownership? Yes No

If yes, please list below:

Key Employees

Name	Position	Experience

Surety Information

Present Surety _____

Is collateral on file with the current surety? Yes No

If yes, what form? _____

Financial Information

Banking

Name of Bank: _____

Address: _____

Bank Contact: _____

Phone Number: _____

Do you have a personal trust? Yes No

Do you have life insurance? Yes No

Line of Credit

Amount: _____

Amount in use: _____

Secured by: _____

Amount \$ _____

The undersigned hereby represents the herein statements are true and authorize any bank or other reference to verify the correctness of the items in the above statement. The undersigned also acknowledges that the personal credit of the applicant's and their spouses will be accessed as part of the underwriting process.

Signature _____

Printed Name and Title _____ Dated this _____, _____

Thank you for preparing this application. We will be contacting you shortly to establish your bond program. Please visit our website for more information on The Bond Exchange.

www.thebond-exchange.com