

**SPATARO INSURANCE AGENCY INC.
850 SARATOGA ROAD
BURNT HILLS, NY 12027
PHONE: 518-399-7879
FAX: 518-399-4159**

CONTRACTOR EXPRESSSM QUESTIONNAIRE

INSTRUCTIONS

All fields must be completed. Company utilizes all of the information for underwriting. If there are items missing, we will not be able to underwrite the submission until we get all of the blanks completed. If there are items that do not apply, please write in "n/a" in the field.

1. BUSINESS / COMPANY INFORMATION

- A. Company Name = the full legal name of the business entity exactly as it appears in the certificate of incorporation, LLC or articles of partnership — this is the exact name that needs to be typed on the bond form as the Principal.
- B. All remaining questions need to be answered. If any question has a "yes" answer, please provide the details on a separate piece of paper or in the e-mail of the submission.

2. OWNERSHIP / INDEMNITOR INFORMATION

- A. Provide the names of the owners and percentage of ownership.
- B. All owners and spouses must qualify for the program and sign the indemnity agreement.
- C. Complete home resident addresses — these are needed in order to obtain credit reports.
- D. If there is more than one owner, please complete Section 3.
- E. **A Consent form must be signed — see Section 4 on page 3 of this Questionnaire.**

1. BUSINESS / COMPANY INFORMATION

Company Name _____

Address _____

City | State | Zip Date _____

Date Business Started _____

Federal Tax ID No. _____

Phone _____

Do owner(s) have interests in other construction businesses? Y **q** N **q**

Have you ever failed to complete a project? Y **q** N **q**

Are you in litigation for any current or previous work? Y **q** N **q**

Do you currently have any unfinished bonded contracts? Y **q** N **q**

Has the contractor ever filed for bankruptcy? Y **q** N **q**

Has the contractor been in business for less than 12 months? Y **q** N **q**

Number of years in construction business _____ (If less than 12 months, attach an explanation.)

Type of Work Performed _____

Previous Surety Company _____

Largest job completed to date _____

Current Bank Line \$ _____
Current Line Available \$ _____
Corp. Cash Balance \$ _____
Avg. Cash Balance \$ _____

****Attach an explanation of all "YES" answers above.****

2. OWNERSHIP INFORMATION

Ownership _____ %

Name _____

Home Address _____

City / State / Zip _____

SS No. _____

Owner's Current Cash Balance \$ _____

Has the individual ever filed for personal bankruptcy? Y **q** N **q**

Spouse Name _____

Spouse SS No. _____

Ownership _____ %

Name _____

Home Address _____

City/State/Zip _____

SS No. _____

Owner's Current Cash Balance \$ _____

Has the individual ever filed for personal bankruptcy? Y **q** N **q**

Spouse Name _____

Spouse SS No. _____

3. OWNERSHIP INFORMATION (if more than two owners)

Ownership_____%	Ownership_____%
Name_____	Name_____
Home Address_____	Home Address_____
City / State / Zip_____	City/State/Zip_____
SS No._____	SS No._____
Owner's Current Cash Balance \$_____	Owner's Current Cash Balance \$_____
Has the individual ever filed for personal bankruptcy? Y <input type="checkbox"/> N <input type="checkbox"/>	Has the individual ever filed for personal bankruptcy? Y <input type="checkbox"/> N <input type="checkbox"/>
Spouse Name_____	Spouse Name_____
Spouse SS No._____	Spouse SS No._____

4. CREDIT CONSENT

You have represented that you have an interest in _____(principal's name)

Obtaining one or more bonds from Insurance Company. Company requires a review of your credit history before it makes a decision on whether to issue such a bond. In order to obtain such credit information, Company is requesting your consent to do so. You will be notified if Company declines to issue such bond if the reason for the declination is based completely or in part on the information contained in such report. Included with such notice will be the source of the report including addresses, phone numbers and instructions on how you can get a copy of your report so you can check it for accuracy.

CONSENT TO OBTAIN CONSUMER CREDIT REPORT

I, the undersigned, hereby consent to Company obtaining a Consumer Report as defined under the Fair Credit Reporting Act which report will include information by a consumer reporting agency bearing on my credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living. I agree that a photocopy or facsimile of this agreement shall constitute a written instruction which Company may present to a Consumer Credit Reporting Agency as proof of Company's authority to obtain such credit information.

Signature of Person Granting Consent:

Printed Name of Person Granting Consent

Date:_____

SS No._____

Residence Address:_____
