

Commonwealth Insurance Company
555 City Line Avenue, Ste 620
Bala Cynwyd, PA 19004-1153
Phone: 610-667-7760 Fax: 610-667-1381

SURETY APPLICATION QUESTIONNAIRE
GENERAL INFORMATION

NAME: _____ DATE: _____

ADDRESS: _____

PHONE: _____ DATE FORMED: _____ TAX ID # _____

E-MAIL ADDRESS _____

BUSINESS IS: CORPORATION _____ PARTNERSHIP _____ PROPRIETORSHIP _____

NAME OF OWNER	SS #	HOME ADDRESS	% OWNED	POSITION

HAS THERE BEEN ANY CHANGE IN OWNERSHIP OF COMPANY WITHIN PAST 36 MONTHS? ____ YES ____ NO IF YES, PLEASE EXPLAIN: _____

IS COMPANY OR OWNERS CONNECTED WITH OTHER COMPANIES AS SUBSIDIARY, PARENT, AFFILIATE, ETC? ____ YES ____ NO IF SO, PLEASE EXPLAIN: _____

LIST TYPE OR TYPES OF WORK PERFORMED: _____

LIST ANNUAL GROSS FOR LAST THREE YEARS: \$ _____ 20 _____ \$ _____ 20 _____ \$ _____ 20 _____

FIVE LARGEST CONTRACTS IN LAST THREE YEARS

OWNER/PERSON TO CONTACT	PHONE	TYPE OF WORK	CONTRACT AMT	YR

PRESENT/PRIOR SURETY: _____ PHONE _____

AGENT: _____ PHONE _____

HAS COMPANY OR ANY OWNER EVER DEFAULTED ON CONTRACT OR CAUSED SURETY TO SUFFER LOSS? ____ YES ____ NO IF SO, EXPLAIN: _____

DOES COMPANY OWN ADEQUATE EQUIPMENT? _____ AND/OR LEASE EQUIPMENT _____

HAS COMPANY EVER FAILED TO COMPLETE A CONTRACT? ____ YES ____ NO

IF SO, EXPLAIN: _____

ANY DISPUTES ON CONTRACTS? YES NO IF SO, EXPLAIN: _____

HAS COMPANY, AFFILIATE, OR ANY OWNER FILED BANKRUPTCY? BEEN IN RECEIVERSHIP? IF SO, EXPLAIN

HAS COMPANY HAD LIENS FOR LABOR AND/OR MATERIAL FILED AGAINST IT? YES NO IF SO, EXPLAIN: _____

IF ADDITIONAL SPACE IS REQUIRED FOR ANY EXPLANATIONS, PLEASE ATTACH ADDITIONAL SIGNED PAGES.

PRINCIPAL SUPPLIERS

NAME	PHONE	MAILING ADDRESS	TYPE SUPPLIER

FINANCIAL INFORMATION

ACCOUNTANT: _____ PHONE _____

ADDRESS: _____

FISCAL YEAR END: _____ ARE TAXES CURRENT, BOTH COMPANY AND PERSONAL? YES NO

BANK INFORMATION

NAME OF BANK: _____ ACCT EXEC _____

ADDRESS: _____ PHONE: _____

ACCOUNT NUMBERS: _____

AMOUNT OF LINE OF CREDIT:\$ _____ AMOUNT IN USE:\$ _____

ATTACH LETTER FROM BANK REGARDING BANKING HISTORY/RELATIONSHIP.

I/WE AUTHORIZE COMMONWEALTH INSURANCE COMPANY TO INVESTIGATE THE STATEMENTS IN THIS APPLICATION AND TO CHECK MY/OUR CREDIT AND REFERENCES. I/WE CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION AND SUPPORTING DOCUMENTS IS TRUE AND CORRECT.

SIGNED THIS _____ DAY OF _____, 20_____.

