



# Smith Manus

SURETY BONDS

## Smith Manus Developer Questionnaire

### Contact Information

Company Name:	Primary Contact:
Address:	Phone:
City:	Fax:
State:                      Zip:	Email:
Overnight Service & Account# (only to be used with your permission):	

### Company Ownership

1). Name:		Title:
Home Address:		Percent Owned:
SSN		Spouse's Name:
Home Phone:	Birth Date:    /    /	Spouse's SSN:
2). Name:		Title:
Home Address:		Percent Owned:
SSN		Spouse's Name:
Home Phone:	Birth Date:    /    /	Spouse's SSN:
3). Name:		Title:
Home Address:		Percent Owned:
SSN		Spouse's Name:
Home Phone:	Birth Date:    /    /	Spouse's SSN:
Will all owners, spouses and affiliates of the company provide full corporate and personal indemnification? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Have there been any changes in ownership within the previous three years? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is there a continuity plan in the event of death or disability? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Has the company or any of its owners ever petitioned for bankruptcy, failed to complete a contract, defaulted on a contract causing a surety loss, failed in business or compromised a creditor? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Is the company or any of its owners currently involved in any litigation? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are there any liens filed against the company's projects? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### Company Information

Type of entity:	Type of construction:
Fiscal Year-End:	Federal I.D.#
Date business started:    /    /	Geographic area of operation:
Date incorporated:    /    /                      State of Incorporation:	Number of employees:

### Subsidiaries, Affiliates and Related Companies of this Company or Owners

1). Name:	Ownership:
Type of business:	

**Subsidiaries continued**

2). Name	Ownership:
Type of business:	
3). Name:	Ownership:
Type of business:	

**References: Please list your five largest completed developments**

1). Engineer/Inspector contact:	Phone:
Fax:	Email:
Lender contact:	Phone:
Fax:	Email:
Site improvement contractor contact:	Phone:
Fax:	Email:
Project description and location:	
Subdivision name:	Bonding company:
Gross profit:	Year completed:
2). Engineer/Inspector contact:	Phone:
Fax:	Email:
Lender contact:	Phone:
Fax:	Email:
Site improvement contractor contact:	Phone:
Fax:	Email:
Project description and location:	
Subdivision name:	Bonding company:
Gross profit:	Year completed:
3). Engineer/Inspector contact:	Phone:
Fax:	Email:
Lender contact:	Phone:
Fax:	Email:
Site improvement contractor contact:	Phone:
Fax:	Email:
Project description and location:	
Subdivision name:	Bonding company:
Gross profit:	Year completed:
4). Engineer/Inspector contact:	Phone:
Fax:	Email:
Lender contact:	Phone:
Fax:	Email:
Site improvement contractor contact:	Phone:
Fax:	Email:
Project description and location:	
Subdivision name:	Bonding company:
Gross profit:	Year completed:

**References continued**

5). Engineer/Inspector contact:	Phone:
Fax:	Email:
Lender contact:	Phone:
Fax:	Email:
Site improvement contractor contact:	Phone:
Fax:	Email:
Project description and location:	
Subdivision name:	Bonding company:
Gross profit:	Year completed:

**Accounting Information**

CPS firm:	Contact:
Address:	Phone:
Fax:	Email:
Compilation/Review Audit	Years with this firm:

**Banking Information**

Name:	Contact:
Address:	Phone:
Fax:	Email:
Customer since:	Line of credit amount:
Line of credit in use:	Secured by:
Expiration date:	Interest rate:
Payment terms:	

**Bonding**

Current or prior bonding companies		Years with Each
1)		
2)		
3)		
Date of largest single contract bonded:	Amount:	Collateral provided:
Funds control provided:		Reason for changing:

**Property and Casualty Insurance**

Agent:	Carrier:
Limits:	

**Life Insurance on Key Personnel**

Owner:	Beneficiary:
Amount:	Cash value:
Carrier:	

**Key Personnel**

Name	Position	Age	Time of Position	Time in Industry
1)				
2)				
3)				

**Additional Information****Authorization**

The undersigned states that the foregoing statements are true and accurate as of the date signed and authorizes Smith Manus to check the applicant's, it's officers and principals credit and verify information in this questionnaire. The undersigned authorizes Smith Manus and its surety companies to contact the individuals and companies provided as references to confirm any information contained in this questionnaire for the purposes of obtaining a bond/bond program.

The Undersigned individual as applicant for surety credit or as an indemnitor for a surety transaction hereby acknowledges that individual and/or business credit history may be a necessary requirement in the underwriting and evaluation of surety bonds.

Therefore, the undersigned does hereby consent to and authorize Smith Manus and their agents to obtain at any time, as they deem necessary, to order his or her personal consumer credit report. This authorization shall remain in full force and effect until cancelled in writing by sending a request to the following address requesting that this agreement be terminated with a written acknowledgment from Smith Manus stating that the request was received.

Smith Manus, 2307 River Road, Suite 200, Louisville, KY 40206

Signature:

Printed Name:

Title:

Date:

**Privacy Statement**

At Smith Manus, we understand the importance of personal privacy. All information collected and stored will be used for Smith Manus business purposes only. We will not sell or share this information with any unauthorized third parties. We will take every precaution to provide you with the highest level of privacy.