

# CONTRACTOR BOND SURVEY

**BABB BONDING, INC.**  
P.O. Box 6255  
Sherwood, AR 72124  
501/834-5801 1-800-482-8841  
Fax #501/834-7526

Date: \_\_\_\_\_

Completed By: \_\_\_\_\_

## INTRODUCTION

Business Name: \_\_\_\_\_

Bus. Address: \_\_\_\_\_ County: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cel Ph: \_\_\_\_\_

Mail Address \_\_\_\_\_ County: \_\_\_\_\_

Fed. I.D.: \_\_\_\_\_ Date Co. Started: \_\_\_\_\_ Date Inc: \_\_\_\_\_ Fiscal Yr End: \_\_\_\_\_

Sub-S Corp? \_\_\_\_\_ EMail Addr:

Parent, Affiliated and/or Subsidiary Companies: \_\_\_\_\_

Name of Predecessor Co.: \_\_\_\_\_

When Did Current Management Assume Control: \_\_\_\_\_

Overnight Carrier: \_\_\_\_\_ Carrier Number: \_\_\_\_\_

## OWNERSHIP

Title	Name	Date of Birth	Social Security No.
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Spouse (Including Wife's Maiden Name)		Date of Birth	Social Security No.
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Home Address

Title	Name	Date of Birth	Social Security No.
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Spouse (Including Wife's Maiden Name)		Date of Birth	Social Security No.
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Home Address

Title	Name	Date of Birth	Social Security No.
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Spouse (Including Wife's Maiden Name)		Date of Birth	Social Security No.
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Home Address

Are the owners personally active in the business? Yes/No \_\_\_\_\_ If No, give details: \_\_\_\_\_

Have any of the owners ever filed bankruptcy? Yes/No \_\_\_\_\_ If Yes, give details: \_\_\_\_\_

Geographical Area of Operations: \_\_\_\_\_ Primeor Sub? \_\_\_\_\_  
 Type of Construction Performed: \_\_\_\_\_  
 States in Which You are Licensed: \_\_\_\_\_  
 Amount Usually Subcontracted: \_\_\_\_\_ Do You Require Subs Bond: \_\_\_\_\_  
 Do you engage in Joint Ventures? \_\_\_\_\_ If so, give details: \_\_\_\_\_

**HISTORY**

Largest Jobs Completed During the Past Five (5) Years:

<i>Contract Amt.</i>	<i>Year</i>	<i>Job Description</i>	<i>Owner/GC</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Previous Maximum Work on Hand: \$ \_\_\_\_\_ # of Jobs \_\_\_\_\_ Year \_\_\_\_\_

**ORGANIZATION AND KEY PERSONNEL**

<i>Name</i>	<i>% of Stock</i>	<i>Position</i>	<i>Age</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**CONTINUITY**

Amount of Life Insurance in Effect:

<i>Insured</i>	<i>Insurance Company</i>	<i>Amount</i>	<i>Beneficiary</i>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there a continuity agreement in effect? \_\_\_\_\_ If so, give details: \_\_\_\_\_

**FINANCIAL**

Name and Address of Accountant: \_\_\_\_\_

Name and Address of Bank: \_\_\_\_\_

Loan Officer: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Have you Ever Been Checked by IRS \_\_\_\_\_ Are Your Taxes Current? \_\_\_\_\_

Are you now, or have you been engaged in a Lawsuit? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

**CREDIT HISTORY**

LIST OF SUPPLIERS

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>

LIST OF ARCHITECTS/ENGINEERS/OBLIGEES WHO ARE FAMILIAR WITH YOUR WORK

<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>
<i>Name</i>	<i>Address</i>	<i>Telephone</i>

Have you or any of your associates caused a surety to pay a loss? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

Are you presently endorser or indemnitor for any individual or company? \_\_\_\_\_ If yes, give details: \_\_\_\_\_

**Comments:**

*TO WHOM IT MAY CONCERN:*

*This is to certify that I have requested Babb Bonding, Inc. to be my Agent of Record and to secure any information necessary to make an evaluation of my surety program. This information given to Babb Bonding, Inc. is true and correct to the best of my knowledge and belief.*

\_\_\_\_\_  
*Name and Title of Person Signing*