

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.
-------	------	---------------	---------------------

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

Home Address

Title	Name	Date of Birth	Social Security No.
-------	------	---------------	---------------------

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

Home Address

Title	Name	Date of Birth	Social Security No.
-------	------	---------------	---------------------

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

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