

DEVELOPERS QUESTIONNAIRE



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The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the developer’s qualifications so that we will be in a position to provide MAXIMUM BONDING CAPACITY. If additional space is needed, attach extra pages. Please be certain that all questions are answered completely. If you require assistance on any section of the questionnaire, please call.

GENERAL INFORMATION NEEDED FOR BONDING PROGRAM
PLEASE PROVIDE THE BELOW INFORMATION ALONG WITH COMPLETED APPLICATION

1. Fiscal year-end financial statement for principal company and copy of most current Federal Tax Return.
2. Organizational documents for principal company, with breakdown of ownership, if available.
3. Personal financial statement for all owners, partners, or members, concurrent with company year end statement (if available), along with a copy of the most current Federal Tax Return.
4. Company Brochure, and resumes of key people, if available.
5. List of completed and ongoing projects with sales and work in progress reports, if available.
6. Completed ‘Subdivision Bond Request Form’, if submitting a project for bonding.

DEVELOPER

Name:			
Business Address:			
Business Phone:		Fax:	
Type of Entity:	<input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> JOINT VENTURE <input type="checkbox"/> SOLE PROPRIETORSHIP <input type="checkbox"/> LIMITED LIABILITY COMPANY		
Type of Developer:		Year This Business Started:	

	Yes	No
• Is the company a subsidiary, parent, or holding company of any other company?	<input type="checkbox"/>	<input type="checkbox"/>
• Has there been any change in control of the company or any related entity in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the company ever failed to complete an obligation?	<input type="checkbox"/>	<input type="checkbox"/>
• Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any liens filed against the company’s or related entity’s projects?	<input type="checkbox"/>	<input type="checkbox"/>
• Is the company, any stockholder, owner, partner, or related entity an indemnitor or guarantor to any creditor?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?	<input type="checkbox"/>	<input type="checkbox"/>
• Are you involved in any litigation?	<input type="checkbox"/>	<input type="checkbox"/>
• Do you have a continuity plan?	<input type="checkbox"/>	<input type="checkbox"/>
• Are there any assets of the company or any indemnitor held in trust?	<input type="checkbox"/>	<input type="checkbox"/>

Explain all “YES” answers below; use additional pages if necessary.

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PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMINTY AGREEMENT)		POSITION OR TITLE			% OF OWNERSHIP	
RESIDENCE ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE	
SOCIAL SECURITY NO.	YEARS IN INDUSTRY	YEARS WITH FIRM	YEAR BORN			
PERSONAL BANK		PERSONAL BANK ADDRESS				
SPOUSES NAME		SPOUSES SOCIAL SECURITY NO.				

NAME (AS IT SHOULD APPEAR ON INDEMINTY AGREEMENT)		POSITION OR TITLE			% OF OWNERSHIP	
RESIDENCE ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE	
SOCIAL SECURITY NO.	YEARS IN INDUSTRY	YEARS WITH FIRM	YEAR BORN			
PERSONAL BANK		PERSONAL BANK ADDRESS				
SPOUSES NAME		SPOUSES SOCIAL SECURITY NO.				

NAME (AS IT SHOULD APPEAR ON INDEMINTY AGREEMENT)		POSITION OR TITLE			% OF OWNERSHIP	
RESIDENCE ADDRESS	CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE	
SOCIAL SECURITY NO.	YEARS IN INDUSTRY	YEARS WITH FIRM	YEAR BORN			
PERSONAL BANK		PERSONAL BANK ADDRESS				
SPOUSES NAME		SPOUSES SOCIAL SECURITY NO.				

BUSINESS BANKING

Name of Bank:	Phone:	Fax:		
Address:	Years with this Bank:			
Contact:	Account Numbers:			
Indicate line of credit amount:	\$	How secured?	How much is in use:	\$

ACCOUNTING

Name of accounting firm:	Phone:	Fax:
Address:	Years with this Firm:	
Contact:		

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Fiscal year end is:		Audit/Review/Other	Audit	How often are fiscal statements prepared?	
Does this accounting firm also prepare the business and individual tax returns? Yes If not explain:					
Date of last IRS Audit:		Results:			

BONDING

Who was your prior bonding company?					
Location:		Agent:			
Bond credit desired:	Single \$	Total work program at any one time:		\$	
Reason for changing bonding company:					

INSURANCE

Does your company carry insurance for	Yes	No	Limits	Note:
• Liability with completed operations	<input type="checkbox"/>	<input type="checkbox"/>		It may be necessary to verify that specific insurance is in full force and effect prior to bond issuance.
• Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>		
• Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>		
• Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>		
• Business life insurance:				
Insured	Company		Beneficiary	Amount
				\$
				\$
				\$
Who is your Broker/Agent for insurance?				

REFERENCES

List the three largest projects completed in the last five years:

LENDER/OWNER/GENERAL CONTRACTOR	PHONE	FAX
ADDRESS	CONTACT	PROJECT VALUE \$
		GROSS PROFIT (LOSS) \$
PROJECT DESCRIPTION/LOCATION	BONDING COMPANY	YEAR COMPLETED

LENDER/OWNER/GENERAL CONTRACTOR	PHONE	FAX
ADDRESS	CONTACT	PROJECT VALUE \$
		GROSS PROFIT (LOSS) \$
PROJECT DESCRIPTION/LOCATION	BONDING COMPANY	YEAR COMPLETED

LENDER/OWNER/GENERAL CONTRACTOR	PHONE	FAX
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ADDRESS	CONTACT	PROJECT VALUE \$	GROSS PROFIT (LOSS) \$
PROJECT DESCRIPTION/LOCATION	BONDING COMPANY		YEAR COMPLETED

List the five principal material suppliers/subcontractors:

NAME	PHONE	FAX
ADDRESS	CONTACT	

NAME	PHONE	FAX
ADDRESS	CONTACT	

NAME	PHONE	FAX
ADDRESS	CONTACT	

NAME	PHONE	FAX
ADDRESS	CONTACT	

NAME	PHONE	FAX
ADDRESS	CONTACT	

ADDITIONAL INFORMATION:

	COMPANY NAME
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DEVELOPER QUESTIONNAIRE

DATE:		BY:		TITLE:	
SUBMITTED THROUGH:	BROKER/AGENCY			ADDRESS	
PRODUCER NO.		CONTACT	PHONE		FAX