

PRINCIPALS OF THE COMPANY

NAME (AS IT SHOULD APPEAR ON INDEMNITY AGREEMENT)				POSITION OR TITLE		% OF OWNERSHIP	
RESIDENCE ADDRESS		CITY	STATE	ZIP	<input type="checkbox"/> OWN <input type="checkbox"/> RENT	HOME PHONE ()	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN	
PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S SOCIAL SECURITY NO.			

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PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
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PERSONAL BANK		ADDRESS			ACCOUNT NUMBERS		
SPOUSE'S NAME				SPOUSE'S 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 in use \$ _____

ACCOUNTING

Name of accounting firm _____ Phone (____) _____ Fax (____) _____
 Address _____ Years with this Firm _____
 Contact _____
 Fiscal year end is _____ Audit/Review/Other _____ How often are financial statements prepared? _____
 Does this accounting firm also prepare the business and individual tax returns? _____ If not explain _____

 Date of last IRS audit _____ Results _____

BONDING

Who was your prior bonding company? _____
 Location _____ Underwriter _____ Phone (____) _____ Fax (____) _____
 Years with this bonding company _____ Date and amount of largest single contract bonded \$ _____
 Largest work on hand at any one time was \$ _____ during _____ (YEAR) and consisted of _____ contracts.
 Bond credit desired: Single contract \$ _____ Total work program at any one time \$ _____
 Has any bonding company ever declined to furnish you or your company a bond? _____ If yes, why? _____

 Have you provided collateral to the bonding company? _____ If yes, describe _____
 Reason for changing bonding company? _____

INSURANCE

Does your company carry insurance for:

<input type="checkbox"/> Liability with completed operations	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Limits _____	NOTE: It may be necessary to verify that specific insurance is in full force and effect prior to bond issuance.
<input type="checkbox"/> Workers' compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/> Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/> Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____	
<input type="checkbox"/> Business life insurance:	<input type="checkbox"/>	<input type="checkbox"/>	_____	

Insured	Company	Beneficiary	Amount
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Who is your Broker/Agent for insurance? _____

REFERENCES

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

CITY / COUNTY INSPECTOR / ENGINEER		PHONE ()	FAX ()
LENDER	PHONE ()	CONTACT	# UNITS
PROJECT DESCRIPTION / LOCATION		SUBDIVISION NAME	
SITE IMPROVEMENT CONTRACTOR		CONTACT	PHONE ()
CITY / COUNTY INSPECTOR / ENGINEER		PHONE ()	FAX ()
LENDER	PHONE ()	CONTACT	# UNITS
PROJECT DESCRIPTION / LOCATION		SUBDIVISION NAME	
SITE IMPROVEMENT CONTRACTOR		CONTACT	PHONE ()
CITY / COUNTY INSPECTOR / ENGINEER		PHONE ()	FAX ()
LENDER	PHONE ()	CONTACT	# UNITS
PROJECT DESCRIPTION / LOCATION		SUBDIVISION NAME	
SITE IMPROVEMENT CONTRACTOR		CONTACT	PHONE ()

List 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	

List three title companies that are familiar with your work:

NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	
NAME	PHONE ()	FAX ()
ADDRESS	CONTACT	

ADDITIONAL INFORMATION

Each of the undersigned affirms that the foregoing statements are true and are made to induce Developers Surety and Indemnity Company or Indemnity Company of California (hereinafter called Surety) to execute or procure the execution of surety bonds, and any extension, modification, or renewal thereof, addition hereto, or substitution therefor. Each of the undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, Insko Insurance Services, Inc., to gather information it considers necessary for evaluating whether or not credit should be granted. Florida Statute 817.234: Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing false, incomplete, or misleading information is guilty of a felony of the third degree.

DATE: _____

BY: _____ TITLE: _____

SUBMITTED THROUGH: The ProSure Group, Inc. 7217 Benjamin Road, Tampa, FL 33634

PRODUCER NO. _____

BROKER / AGENCY ADDRESS

813.243.1110 813.243.1109

CONTACT PHONE FAX