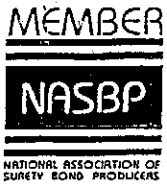


## **Contractor's Submission Guide**

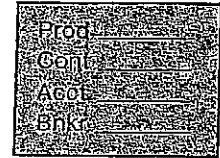
The following is a list of items needed for Zervos Group, Inc. to properly submit your account for surety bond credit. Please complete the attached forms in detail and forward them along with the remaining requested items:

- 1. Contractor's Questionnaire**  
*(Form Attached)*
- 2. Fiscal Year End Financial Statements for the past three (3) years prepared by your CPA or qualified accountant**
- 3. Latest Interim Financial Statement if available**
- 4. Personal Financial Statements on all Principals**  
*(Form Attached)*
- 5. Bank Line of Credit Letter**
- 6. Current Work on Hand Schedule**  
*(Form Attached)*
- 7. Resumes on all Principals**  
*(Form Attached)*
- 8. Copy of Current Certificate of Insurance**

Once we have received this information, it will be reviewed and forwarded to a surety company for review. More information maybe required at that time as well as a General Agreement of Indemnity. If you have questions or concerns in the completion of any of the attached forms, please feel free to contact the bond department for assistance.



24724 Farmbrook Road • P.O.Box 2067  
Southfield, Michigan 48037-2067



### CONTRACTOR QUESTIONNAIRE

1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_ Fiscal  
3. Yr. End \_\_\_\_\_

\_\_\_\_\_ (city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)

4. Phone: ( ) \_\_\_\_\_ 5. Contracting Specialty: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ 7. Title: \_\_\_\_\_

8. Year Business Started: \_\_\_\_\_ 9. Type of Business:  Corp.  Part.  Prop.  Sub. S. Corp.

10. State of Incorporation: \_\_\_\_\_ 11. Area of Operation: \_\_\_\_\_

12. List the corporate officers, partners or proprietors of your firm:

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety?  Yes  No  
If no, explain: \_\_\_\_\_

14. Is there a buy/sell agreement among the owners of the business?  Yes  No

15. Is this agreement funded by life insurance?  Yes  No



18. How many people does your firm employ? \_\_\_\_\_ 19. How many work crews? \_\_\_\_\_

20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety?  Yes  No.

If yes, please explain: \_\_\_\_\_

21. Is your firm or any of its owners or officers currently involved in any litigation?  
 Yes  No. If yes, explain \_\_\_\_\_

22. What percentage of the firm's work is normally for:  
Government Agencies \_\_\_\_\_% Private Owners \_\_\_\_\_%

23. What percentage of the firm's work is normally subcontracted: \_\_\_\_\_%

24. Are bonds required of subs?  Yes  No.

25. What trades do you normally subcontract? \_\_\_\_\_
26. What is largest amount of uncompleted work on hand at one time in the past?  
 Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_
27. What is the largest job you expect to do during the next year? \$ \_\_\_\_\_
28. What is the largest uncompleted work program expected during the next year? \$ \_\_\_\_\_
29. What is your expected annual volume next year? \$ \_\_\_\_\_
30. What trades do you normally undertake with your own forces? \_\_\_\_\_

31. SIG CODE \_\_\_\_\_

32. Do you lease equipment?  Yes  No Type of lease? \_\_\_\_\_
34. What are the terms of the lease? \_\_\_\_\_

35. Name of your CPA: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

36. On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion
37. On what basis are financial statements prepared?  Cash  Completed Job  Accrual  
 % of Completion

38. On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation
39. How often are financial statements prepared?  Annually  Semi-annually  
 Quarterly  Monthly

40. Do you have a full time accountant on staff?  Yes  No 41. Yrs. experience \_\_\_\_\_
42. Are job cost records kept?  Yes  No
43. How often reviewed? \_\_\_\_\_ 44. How often updated? \_\_\_\_\_
45. Do they show job detail?  Yes  No 46. Frequency? \_\_\_\_\_

47. Name of your Bank: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

48. Amount of line of credit: \$ \_\_\_\_\_ 49. Expiration date: \_\_\_\_\_ 50. What is interest rate? \_\_\_\_%
51. UCC Filing?  Yes  No 52. How is credit secured? \_\_\_\_\_
53. Is your firm union?  Yes  No 54. What is firm's Dun & Bradstreet Number? \_\_\_\_\_
55. D & B Rating: \_\_\_\_\_ 56. Pay Record: \_\_\_\_\_ 57. Date of Rating: \_\_\_\_\_

Remarks: \_\_\_\_\_

58. Previous Bonding Companies:

Name	Reason for Leaving
A. _____	_____
B. _____	_____
C. _____	_____

59. List five of your largest contracts:

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
A. _____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____ Design Professional: _____				

B. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

D. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

E. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

60. List five of your major suppliers:

Name	Address	Telephone	Contact
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

A. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

B. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

C. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

D. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

E. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

62. List three Architects you have done business with:

A. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

B. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

C. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

63. List key personnel, foremen or supervisors:

Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

Name	Beneficiary	Amount	Cash Value
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

65. List other insurance coverage currently in effect:

	Limits in '000's		Carrier	Expiration Date
	BI	PD		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type Business	NANDA Code
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_

# PERSONAL FINANCIAL STATEMENT AS OF \_\_\_\_\_

Name of Individual	Social Security Number	Date of Birth
Name of Spouse	Social Security Number	Date of Birth
Residence Address (Street, City, State, Zip Code)		Home Phone Number

## ASSETS

## LIABILITIES

Cash in Banks (complete schedule)	\$	Loans Payable – Banks (complete schedule)	\$
Notes Receivable (completed schedule)	\$	Notes Payable (complete schedule)	\$
Accounts Receivable (complete schedule)	\$	Accounts Payable (complete schedule)	\$
Stocks/Bonds/Securities (complete schedule)	\$	Taxes Payable (complete schedule)	\$
Real Estate – Residence (complete schedule)	\$	Mortgages Payable (see schedule)	\$
Real Estate – Investment/Other	\$	Other Liabilities (complete schedule)	\$
Cash Value Life Insurance (complete schedule)	\$		\$
Personal Property	\$	<b>Total Liabilities:</b>	\$
Other Assets (complete schedule)	\$	<b>Net Worth</b>	\$
<b>Total Assets</b>	\$	<b>Total Net Worth &amp; Liabilities</b>	\$

<b>INCOME</b>	Salary \$	Spouse's Salary \$	<b>TOTAL INCOME</b>
	Bonus/Other \$	Bonus/Other \$	

## SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate)

### CASH IN BANKS

Bank Name, Number & Location	Account Number	Amount
		\$
		\$
		\$

### NOTES & ACCOUNTS RECEIVABLE

Name & Address of Debtor	Amount Due	Due Date	Pledge (Yes/No)	Security
	\$			
	\$			
	\$			

### STOCKS/BONDS/SECURITIES

Name & Number(s) of Instrument(s)	No. of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

**REAL ESTATE (Residence/Investment/Other)**

Location & Description	Year Acq'd	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgagee/Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

**Cash Value of Life Insurance**

Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	
		\$	\$	
		\$	\$	

**Other Assets**

Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

**Loans Payable**

Name of Lender	Address	Balance Due	Due in 1 Year	How is it Secured?
		\$	\$	
		\$	\$	
		\$	\$	

**Accounts & Notes Payable (Including Charge Accounts)**

Payable to Whom?	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

**Other Liabilities**

Description	Payable to Whom?	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		

I/We hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I/We hereby authorize and request any person, firm or corporation to furnish any information requested by Zervos Group, Inc. concerning any transaction with the undersigned; and Zervos Group, Inc. is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyship and/or reinsurance.

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



# PERSONAL RESUME

NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street, City, State, Zip Code)

## PERSONAL DATA:

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security # \_\_\_\_/\_\_\_\_/\_\_\_\_ Driver License # \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouses' Name \_\_\_\_\_

## EDUCATION:

Are you a High School Graduate? \_\_\_\_\_ Yes \_\_\_\_\_ No

College: \_\_\_\_\_ to \_\_\_\_\_ Name of University \_\_\_\_\_

Courses Studied: \_\_\_\_\_ Degree \_\_\_\_\_

Specialized Education pertaining to current business activity or employment: \_\_\_\_\_

Business & Professional Experience: (Indicate Company Name, Length of Employment, Occupation/Title, Reason for Leaving and if Construction Related, Largest Project in which you were Involved)

Number of Years with Current Employer: \_\_\_\_\_ Number of Years in this Industry: \_\_\_\_\_

## Employment History: (Beginning with Current Position)

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Company \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Company \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Company \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Company \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_

From: \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_ Company \_\_\_\_\_  
Position \_\_\_\_\_ Responsibilities \_\_\_\_\_

Professional References: (Name, Address, Phone, Length of Acquaintance) \_\_\_\_\_

(Use Reverse Side For Additional Information if Necessary)