

RUST – EWING INSURANCE

7900 Lowry Expressway - Texas City, Texas 77591
(OFFICE) (800) 561-5211 or (409) 934-8000 - FAX: (409) 935-1883

CONTRACTOR QUALIFICATION STATEMENT

GENERAL INFORMATION

1. Contractor: _____ Phone Number: _____
2. Address: _____ City, State, Zip Code: _____
3. Date Business Started: _____ Date Incorporated: _____
4. Federal I.D. Number: _____ Fiscal Year End: _____
5. Business Operates As (Corporation, Partnership, LLC, or Other) _____
6. Contractor Specialty: _____ Territory of Operation: _____
7. How many people does your Company employ? _____ How many work Crews? _____
8. Type of Work Performed by own forces: _____
9. Type of Work Subcontracted to others: _____
10. Company's Sub-Bonding Policy? _____
11. Largest Job Completed: \$ _____ Largest Job Bonded: \$ _____
12. Largest Uncompleted Jobs in Progress: \$ _____ What Year: _____
13. Largest Desired Single Job: \$ _____ Largest Desired Jobs in Progress: \$ _____
14. Company's Largest Annual Gross Receipts: \$ _____ What Year: _____
15. What Percentage of Work is Performed for: _____ Public Owners _____ Private Owners
16. Current Bonding Company: _____ Reason for Leaving: _____
17. Prior Bonding Company: _____ Reason for Leaving: _____
18. Has your firm or any of its Principals or Officers ever declared bankruptcy, failed in business or defaulted on a job which caused a Surety loss? _____ If so, Explain: _____

19. Is your firm or any of its Principals or Officers currently involved in any litigation? _____ if so, Explain: _____

OWNERSHIP INFORMATION

1. List all stockholders holding 5% or more interest in this Company:

- A) Full Legal Name: _____ Social Security No: _____
Spouse's Name: _____ Social Security No: _____
Home Address: _____ City, State, Zip: _____
Ownership Percentage: _____ Home Phone: _____
- B) Full Legal Name: _____ Social Security No: _____
Spouse's Name: _____ Social Security No: _____
Home Address: _____ City, State, Zip: _____
Ownership Percentage: _____ Home Phone: _____
- C) Full Legal Name: _____ Social Security No: _____
Spouse's Name: _____ Social Security No: _____
Home Address: _____ City, State, Zip: _____
Ownership Percentage: _____ Home Phone: _____
- D) Full Legal Name: _____ Social Security No: _____
Spouse's Name: _____ Social Security No: _____
Home Address: _____ City, State, Zip: _____
Ownership Percentage: _____ Home Phone: _____

2. List all Subsidiaries and Affiliates with this Company:

- A) Firm Name: _____ Ownership %: _____ Business Type: _____
B) Firm Name: _____ Ownership %: _____ Business Type: _____
C) Firm Name: _____ Ownership %: _____ Business Type: _____

3. Is there a Buy-Sell or Business Continuation Agreement among the Company Owners? _____

4. Is the Buy-Sell or Business Continuation Agreement funded by Life Insurance? _____

5. List any Life Insurance on the Principals and Key Personnel:

- A) Insured: _____ Amount: \$ _____ Beneficiary: _____
B) Insured: _____ Amount: \$ _____ Beneficiary: _____
C) Insured: _____ Amount: \$ _____ Beneficiary: _____

FINANCIAL INFORMATION

1. Name of Bank: _____ Contact Person: _____
2. Address: _____ Phone Number: _____
3. What is Line of Credit Amount: \$ _____ Available Amount: \$ _____
4. Expiration Date: _____ How is Line of Credit Secured? _____
5. Name of Accounting Firm: _____ Contact Person: _____
6. Address: _____ Phone Number: _____

JOB HISTORY

1. List the 5 Largest Jobs Completed by your Company:

- A) Contract Price \$ _____ Final Gross Profit \$ _____ Date Completed: _____
Project Name: _____ Type of Work: _____
Owner Name: _____ Contact Person: _____ Phone No: _____
Architect: _____ Contact Person: _____ Phone No: _____

- B) Contract Price \$ _____ Final Gross Profit \$ _____ Date Completed: _____
Project Name: _____ Type of Work: _____
Owner Name: _____ Contact Person: _____ Phone No: _____
Architect: _____ Contact Person: _____ Phone No: _____

- C) Contract Price \$ _____ Final Gross Profit \$ _____ Date Completed: _____
Project Name: _____ Type of Work: _____
Owner Name: _____ Contact Person: _____ Phone No: _____
Architect: _____ Contact Person: _____ Phone No: _____

- D) Contract Price \$ _____ Final Gross Profit \$ _____ Date Completed: _____
Project Name: _____ Type of Work: _____
Owner Name: _____ Contact Person: _____ Phone No: _____
Architect: _____ Contact Person: _____ Phone No: _____

- E) Contract Price \$ _____ Final Gross Profit \$ _____ Date Completed: _____
Project Name: _____ Type of Work: _____
Owner Name: _____ Contact Person: _____ Phone No: _____
Architect: _____ Contact Person: _____ Phone No: _____

2. List the 3 major Architects, Subcontractors or General Contractors that your Company does business with:

- A) Firm Name: _____ Contact: _____
Project Name: _____ Phone No: _____
- B) Firm Name: _____ Contact: _____
Project Name: _____ Phone No: _____
- C) Firm Name: _____ Contact: _____
Project Name: _____ Phone No: _____

3. List the 3 major Suppliers or Vendors that your Company does business with:

- A) Name: _____ Contact: _____
Material/Service Provided: _____ Phone No: _____
- B) Name: _____ Contact: _____
Material/Service Provided: _____ Phone No: _____
- C) Name: _____ Contact: _____
Material/Service Provided: _____ Phone No: _____

I/WE HEREBY AUTHORIZE OUR BANKS, CREDITORS, SUPPLIERS AND CPA TO RELEASE CREDIT HISTORY OR FINANCIAL INFORMATION TO RUST EWING INSURANCE OR ANY BONDING COMPANY THEY SUBMIT THIS APPLICATION TO FOR THE PURPOSE OF OBTAINING SURETY CREDIT FOR OUR COMPANY.

Date: _____ **By:** _____ **Title:** _____