



Ohio Casualty Insurance Company West American Insurance Company American Fire and Casualty Company

136 North Third Street, Hamilton, Ohio 45025

CONTRACTOR'S QUESTIONNAIRE

NAME OF BUSINESS (OR TRADESTYLE): _____

ADDRESS: _____

PHONE #: _____

TAX I.D. #: _____

DATE BUSINESS STARTED: _____

DATE INCORPORATED: _____

IF SUCCESSOR TO PRIOR BUSINESS, NAME OF PREDECESSOR: _____

- PROPRIETORSHIP
- PARTNERSHIP
- "C" CORP.
- "S" CORP.
- OTHER

LIST ORGANIZATION'S PRINCIPALS, OFFICERS, KEY EMPLOYEES (PROJ. MGRS., SUPTS., ESTIMATORS, ETC.) & INDICATE CONSTRUCTION EXPERIENCE. ATTACH RESUMES, IF AVAILABLE.

NAME	POSITION	DATE OF BIRTH	% STOCK	EXPERIENCE

(If Additional space is needed, attach separate sheet)

IS THE FULL INDEMNITY OF ALL OWNERS, PARTNERS AND/OR STOCKHOLDERS (INCLUDING EACH PARTY'S RESPECTIVE SPOUSE) AVAILABLE? YES NO . LIST BELOW THE FULL LEGAL NAME, ADDRESS AND SOCIAL SECURITY NUMBER OF EACH PARTY AND RESPECTIVE SPOUSE.

NAME	HOME ADDRESS & ZIP CODE	SOCIAL SEC. #

PRESENT UNCOMPLETED WORK:

OWNER & FULL MAILING ADDRESS	JOB DESCRIPTION & LOCATION	ARCH/ENG. & MAILING ADDRESS	CONTRACT PRICE	% DONE	EXPECTED COMPLETION DATE

ARE ALL UNCOMPLETED PROJECTS ON SCHEDULE? YES NO . ARE THERE ANY DISPUTES, DELAYS OR OTHER PROBLEMS? YES NO . IF SO, ATTACH FULL EXPLANATION.

WHAT SURETY COMPANIES HAVE FURNISHED BONDS FOR YOU IN THE PAST, IN WHAT AMOUNTS & THROUGH WHICH AGENCY?

NAME SIX SUPPLIERS FROM WHICH YOU BUY MOST OF YOUR MATERIALS:

NAME	ADDRESS	Fax#	E-mail

WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND YOU HAVE EVER HAD AT ONE TIME? _____
 Year? _____

WHAT SIZE JOB & TOTAL WORK PROGRAM DO YOU FEEL BEST ABLE TO HANDLE?

JOB? _____ WORK PROGRAM? _____

WHAT IS YOUR FISCAL YEAR END? _____

AT WHICH BANK HAVE YOU ESTABLISHED A FORMAL LINE OF CREDIT:

BANK	ADDRESS	LINE AMOUNT	COLLATERAL

IS THERE A BUY-SELL AGREEMENT IN EFFECT? YES NO . IF SO, PLEASE PROVIDE A COPY. IF NOT, ATTACH FULL EXPLANATION OF CONTINUITY ARRANGEMENTS:

LIFE INSURANCE

INSURED	AMOUNT	BENEFICIARY	TYPE-WHOLE LIFE, TERM, ETC.

ARE THERE ANY TRUST AGREEMENTS IN EFFECT? YES NO . IF SO, PLEASE ATTACH COPY. DOES THIS TRUST NOW HOLD, OR WILL HOLD AT SOME FUTURE DATE ANY OF THE COMPANY STOCK OR ASSETS? YES NO

DO YOU BOND SUBS? YES NO . IF NOT, HOW DO YOU PREQUALIFY THEM? _____

HAVE YOU OR ANY OFFICER, PARTNER, STOCKHOLDER OR PRINCIPAL EVER FILED FOR BANKRUPTCY OR BEEN ASSOCIATED WITH A COMPANY THAT HAS FAILED TO COMPLETE A CONTRACT, CAUSED A SURETY A LOSS, FAILED IN BUSINESS OR COMPROMISED A CREDITOR? YES NO . IF SO, PLEASE ATTACH FULL EXPLANATION.

ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION? YES NO . IF SO, PLEASE ATTACH FULL EXPLANATION.

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____, _____

(CONTRACTOR)

BY _____

(WITNESS)

(Please make sure all questions are fully answered)

TO WHOM IT MAY CONCERN:

THIS HEREBY AUTHORIZES ANY PARTY, FIRM OR CORPORATION TO FURNISH INFORMATION REGARDING MY ACCOUNT, TO THE OHIO CASUALTY INSURANCE COMPANY AND/OR WEST AMERICAN INSURANCE COMPANY AND/OR AMERICAN FIRE and CASUALTY COMPANY. THIS INFORMATION IS NECESSARY TO ESTABLISH BONDING CREDIT.

(CONTRACTOR)

BY: _____

DATE: