



"All Your Insurance Needs . . . Under One Roof"

400A Franklin St. Braintree, MA 02184

Telephone No: 781-843-7000 Fax No: 781-848-6000

**Firm Questionnaire for Miscellaneous Bond Submission**

Name of Firm:		Federal ID:	
Address:		City/State:	Zip Code:
Email Address:		Phone No:	Fax No:
Contracting Specialty:		Contact Person:	Title:
Year Business Started:	Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/>		
State of Incorporation:			

**List the Corporate Officers, Partners, or Proprietors of the Firm**

Name	Yr of Birth	Position	% Owned	SSN	Name of Spouse
1.					
2.					
3.					
4.					
5.					

Will the above individuals and spouses personally indemnify Surety? Yes  No  If no, please explain below:

Is there a Buy/Sell Agreement among the Owners? Yes  No

Is this Agreement funded by life insurance? Yes  No

Corporation Indemnity? Yes  No

Cross/Corporation Indemnity? Yes  No

How many people does your firm employ?

How many work crews?

Has your firm or Principals ever petitioned for Bankruptcy, failed in business or defaulted as to cause a loss to a Surety? Yes  No

If yes, please explain:

Is your firm or any of its Owners or Officers currently involved in nay litigation? Yes  No

If yes, please explain:

Delivery Instructions:

Federal Express No:

**Prepared by:**

**Title:**

**Signature**

Signature:

Date: