

Agency _____ City & State _____

Agency Code _____

Information

Ohio Farmers Insurance Co

Form On

Westfield Insurance Co.

Contractor

Westfield National Insurance Co. Westfield Group SM
Westfield Center, Ohio 44251-5001

Name of Firm: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

Year Business Started: _____ Year Present Management Started: _____

What trades do you undertake with your own forces? _____

What trades do you subcontract? _____

% of work subcontract: ___percent Are bonds required of subs? Yes No

Type of Business: Corporation Partnership Proprietorship Sub S

States in which licensed _____ State of Inc: _____

Area of operation: _____

Is your operation: Union Non-Union

Is equipment adequate for normal purposes? Yes No

Anticipated equipment needs: _____

Do you lease equipment? Yes No

What Type? _____

What are the terms? _____

of Employees _____ # of Crews _____

What portion of the work is normally for: General Contractors _____ % Government Agencies _____ %

Private Owners _____ % Bonded Projects _____ %

Do you do design and build work? Yes No

What is your projected annual volume? _____ Largest Upcoming Job? _____

Geographical expansion anticipated: Yes No

If yes, comments: _____

Do you have a buy/sell agreement in effect? Yes No

Is it funded by life insurance? Yes No

List any key man life insurance in effect:

	NAME	BENEFICIARY	AMOUNT	CASH VALUE
1.	_____	_____	_____	_____
	Insurance Company: _____			
2.	_____	_____	_____	_____
	Insurance Company: _____			
3.	_____	_____	_____	_____
	Insurance Company: _____			

List any subsidiaries/affiliates:

	NAME	% OWNERSHIP	RELATIONSHIP	TYPE OF BUSINESS
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

Will the above subsidiaries/affiliates indemnify the surety? Yes No

Corporate officers/Key Personnel (attach resumes if available)

	NAME & SOCIAL SECURITY NUMBER	DATE OF BIRTH	POSITION	% OF STOCK	NAME OF SPOUSE
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____
6.	_____	_____	_____	_____	_____
7.	_____	_____	_____	_____	_____

Will the stockholders and spouses personally indemnify the Surety? Yes No

CPA Firm: _____

Address: _____

Phone: _____ Contact Person: _____

What is your fiscal year end? _____

How often and at what times do you usually prepare a financial statement? _____

What quality is your fiscal report? Audit Review Compilation Other _____

Do you have a fulltime accountant on staff? Yes No

On what basis are taxes paid? % of Completion Completed Jobs Cash Accrual

On what basis is income recognized? % of Completion Completed Jobs Cash Accrual ...

Are job costs records kept? Yes No

How often reviewed? _____ How often updated for labor? _____ Other _____

List 5 of your largest contracts:

1.	JOB NAME	CONTRACT PRICE	ORIGINAL GROSS PROFIT	FINAL GROSS PROFIT	COMPLETION DATE

Owner: _____ Engineer/Architect: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

2.

JOB NAME	CONTRACT PRICE	ORIGINAL GROSS PROFIT	FINAL GROSS PROFIT	COMPLETION DATE

Owner: _____ Engineer/Architect: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____

3.

JOB NAME	CONTRACT PRICE	ORIGINAL GROSS PROFIT	FINAL GROSS PROFIT	COMPLETION DATE

Owner: _____ Engineer/Architect: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____

4.

JOB NAME	CONTRACT PRICE	ORIGINAL GROSS PROFIT	FINAL GROSS PROFIT	COMPLETION DATE

Owner: _____ Engineer/Architect: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____

5.

JOB NAME	CONTRACT PRICE	ORIGINAL GROSS PROFIT	FINAL GROSS PROFIT	COMPLETION DATE

Owner: _____ Engineer/Architect: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____

What is largest amount of uncompleted work on hand at one time in the past?

Amount: _____ Year: _____

Largest job bid: Bid Price: _____ Date: _____

Description _____

Name of Bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit? _____ How secured? _____ What is interest rate? _____

Expiration Date: _____ Number of years affiliated _____

Does the company, including any affiliates, officers or stockholders engage in real estate development and/or

Investment? Yes No

Has your firm or any of its principals, officers or partners ever petitioned for bankruptcy? Yes No

Has your firm or any of its principals, officers or partners ever failed in business so as to cause loss to a surety? Yes No

Have any of the principals, officers, or partners of your firm ever been associated with, while in a management position,

Any firm which petitioned for bankruptcy and/or caused a loss to a surety? Yes No

If yes to any of the above questions, please attach an explanation.

Previous Bonding Companies:

	NAME	REASON FOR LEAVING AND YEAR	LINES OF CREDIT SINGLE/AGGREGATE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

List 4 of your major suppliers:

	NAME	ADDRESS	TELEPHONE	CONTACT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

At present, your firm is: Discounting Bills _____ Paying in 30 days _____

Over 30 days, explain: _____

List 4 subcontractors (S) or contractors (C) (if you are a subcontractor) with which you do business:

	S or C	NAME	COMPLETE ADDRESS (INCLUDE ZIP CODE)	TELEPHONE	CONTACT
1.	C	_____	_____	_____	_____
2.	C	_____	_____	_____	_____
3.	C	_____	_____	_____	_____
4.	C	_____	_____	_____	_____

List 3 Architects/Engineers with which you do business:

	NAME	ADDRESS	TELEPHONE	CONTACT
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

ATTACH CERTIFICATE OF INSURANCE TO THIS FORM.

For the purpose of inducing the Ohio Farmers Insurance Company or Westfield insurance Company or American Select Insurance Company (the Company) of Westfield Center, Ohio, to issue or procure the issuance of bonds and other writings obligatory in nature thereof, the undersigned furnish(es) the Company of Westfield Center, Ohio, the foregoing information as true to the best of the undersigned's knowledge.

The undersigned hereby authorize the Company to obtain additional information, including information from a credit report, now or at any time in the future, from any third party, about each of the undersigned.

The undersigned hereby authorize(s) and request(s) any or all depositories or banks in which any funds of the undersigned may be deposited or from which monies may be borrowed, to advise the Company, whenever requested by it, the amount of such deposits and/or loans; and any depository bank, material man, supply house, or other person, firm or corporation is hereby authorized to furnish any information requested by the Company concerning the credit standing and any transaction of the undersigned with the party to whom the request is made and with others; and the Company may furnish copies of the foregoing statements and any other information which it now has, or may hereafter obtain, to other companies for the purpose of securing reinsurance or coinsurance.

APPLICABLE IN COLORADO, FLORIDA, KENTUCKY, AND OHIO:

Any person who knowingly and with intent to defraud any insurance company or other person submits an application or claim containing any materially false or deceptive information or conceals, for the purpose of misleading, any material information commits a fraudulent insurance act which is a crime.

_____ By: _____
Witness
By: _____ Date: _____

By: _____
(Individual)
Date: _____

By: _____
(Individual)
Date: _____