

Name of Officer (s) you deal with \_\_\_\_\_

Do you have an established Line of Credit? \_\_\_\_ Yes \_\_\_\_ No \_\_ If Yes, amount \$\_\_\_\_\_

	INC		Today's Date:					
		eet • West St. Paul, MN 55				oatebonding.com		
ntroduction				Endoual	Tou ID #			
_								
Telephone Fax Email Address								
Type of Org	ganization S Co	orp C Corp _	Partnership	Sole Propr	ietorship	Other		
		List all Stockholders /	/ Owners and Voy I	Parcannali				
Stockholder		Soc Sec #	Title/Position	% of	Date of Birth	Years of		
			,	Ownership		Experience		
lame: pouse:								
Address:								
lame:								
pouse: .ddress:								
lame:								
pouse:								
ddress:								
List	Affiliated, Subsidiary or	Related Companies in w	vhich this firm or it	s stockholders / o	owners have inter	est:		
lame & Address			9,	% of ownership	Scope of op	Scope of operations		
o all Staakhaldar	a/Owners willing to per	conally indomnify?	Voc. N	la If Na wbv2				
e ali Stockiloidei	s/Owners willing to per	sonally indemnify?		io ii ivo, wily!				
as the Company,	any of its owners, or a	ny previous companies	, ever filed bankru	ptcy?Yes	No If yes,	when? and wh		
Financial Data								
Fiscal Year	End	Who prepares your fis	cal year end financ	ial statements? _				
Agency of I	iability Insurance			Phone				
5 1 11				Dl				

Scope of W	ork								
% of work	done for	Public	%		Private	%			
% of work	% of work done as		%		Sub	%			
Average Siz	Average Size Contracts			Largest single contract ever completed					
Largest single contract company can handle				Radius your company can best operate in					
		Largest 0	Contracts Con	ıpleted wit	hin the last 5 years	;			
Owner or General Contractor	Add	Address		ontact	Phone		Contract Amount (\$)		
l. Bonding History									
	Name a	all surety compa	nies with who	m you have	dealt and the reason	n for change:			
Surety Company		Agency			Bonding Progra Single / Aggrega		ear Reason for Change		
					/				
					/				
employment hi This document reports.	story and to , or any phot DERSIGNED (	request, obtain a ostatic copy her	and use credit eof, hereby au THE INFORM	information information in the control in the contr	nerein including but n on me/us in the produced third party to furning the state of	ocessing of n ish complete	ny/our applicat consumer cred	ion. it	
Date									
SIGN HERE A _									

3. Scope of Operation