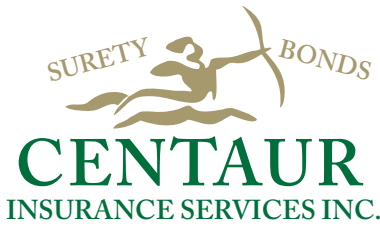


1400 Wantagh Avenue, Suite 101
Wantagh, NY 11793
Office: 516-792-3944
Fax: 516-792-3941
mlyons@centaurinsurance.com
www.centaurinsurance.com



DATE PREPARED _____

CONTRACTORS QUESTIONNAIRE

Legal Name of Company: _____
(as name appears on license)

Check One: Corporation
 Partnership
 Proprietorship

Address: _____

Phone: _____ Cell Number: _____

Email: _____ Fax Number: _____ Federal Tax ID No: _____

Date Business Formed: _____ Date Incorporated: _____

Has there been any recent change in control of company? YES _____ NO _____

If so, explain: _____

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate?

YES _____ NO _____ If so explain: _____

CORPORATE OFFICERS-PARTNERS-PROPRIETOR-OWNERS-KEY PERSONNEL: (Please Complete)

NAME	MARITAL STATUS	AGE	POSITION	% OF OWNERSHIP	SOCIAL SECURITY NUMBER	D.O.B.
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

SPOUSE NAME	SOCIAL SECURITY NUMBER	D.O.B.	HOME ADDRESS
_____	_____	_____	_____
_____	_____	_____	_____

In what class of construction do you specialize: _____

LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE PAST 5 YEARS:

OWNER, PERSON TO CONTACT	PHONE NUMBER	DESCRIPTION OF WORK	CONTRACT PRICE	GROS PROFIT PER YEAR
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME OF PRESENT AND PRIOR SURETIES: _____

SURETY

AGENT

PHONE NUMBER (Include area Code)

Has company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss? _____

If so, explain: _____

Does company own adequate equipment? _____ And/or lease equipment? _____

Has your company ever failed to complete a contract? if so, explain: _____

Any disputes on contracts? If so, explain: _____

Has company, any affiliated company, or any owner ever experienced a bankruptcy? _____ Been in receivership? _____

If so, explain: _____

Are any liens for labor and/or material filed against company on any contracts which have been done or are being done by company?

_____ If so explain: _____

If additional space is required for any yes answers, please attach additional signed pages.

LIST PRINCIPAL SUPPLIERS:

NAME	MATERIAL/SERVICE PROVIDED	STREET ADDRESS, CITY AND ZIP CODE	PHONE NUMBER/CELL PHONE (Include area Code)
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____

SUBCONTRACTOR REFERENCES

PERSON	PHONE NUMBER (Include area Code)
1) _____	_____
2) _____	_____
3) _____	_____
4) _____	_____

BANK

Name of Bank: _____ Account Manger: _____

Address: _____ Phone Number: _____

Account Numbers: _____ Amount in use \$: _____

Amount of line of credit \$: _____ Expiration date: _____

How secured: _____

Attach letter from bank confirming line of credit and/or relationship/credit/banking history

I/WE AUTHORIZE THE COMPANY TO INVESTIGATE MY STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR LENDING INSTITUTIONS.

SIGNED THIS _____ DAY OF _____

SIGNATURE

NAME AND TITLE