



CONFIDENTIAL CONTRACTOR'S STATEMENT

1. NAME OF CONTRACTOR: _____

2. COMPLETE ADDRESS & TELEPHONE NO. _____

3. IF A CORPORATION, SHARES OWNED BY: _____

4. IN WHAT CLASSES OF CONSTRUCTION DO YOU SPECIALIZE? _____

5. NUMBER OF YEARS PRESENT ORGANIZATION HAS BEEN IN BUSINESS: _____
6. DESCRIBE FULLY ANY PREVIOUS ORGANIZATION: _____

7. NAME, ADDRESS AND OWNERSHIPS OF AFFILIATED / SUBSIDIARY COMPANIES: _____

8. IN WHAT AREAS OF THE PROVINCE, COUNTRY, OR WORLD DO YOU OPERATE? _____

9.
 - a. HOW MANY CONTRACTS DO YOU USUALLY HAVE UNDERWAY AT ANY ONE TIME? _____

 - b. AVERAGE SIZE? _____
 - c. LARGEST JOB? _____ DESCRIBE _____

 - d. ANNUAL VOLUME OF WORK COMPLETED? _____
 - e. LARGEST WORKLOAD CARRIED AT ANY ONE TIME? _____

10. GIVE A LIST OF FIVE LARGEST JOBS COMPLETED IN THE LAST FIVE YEARS?

AMOUNT OF CONTRACT	KIND OF WORK AND LOCATION	OWNERS NAME AND LOCATION	YEAR COMPLETED

11. DESCRIBE THE CONTRUCTION EXPERIENCE OF YOUR MANAGEMENT STAFF, INCLUDING CORPORATE OFFICERS, SUPERINTENDENTS, AND ESTIMATORS:

NAME & AGE	POSITION	NATURE & YEARS OF CONST. EXPERIENCE	HOW LONG WITH YOUR FIRM

12. WHAT SURETY COMPANIES HAVE FURNISHED BONDS FOR YOU IN THE PAST? _____

13. HAS ANY SURETY COMPANY DECLINED TO FURNISH YOU A BOND IN THE LAST TWO YEARS? _____
 _____ IF SO, WHO? _____

14. DO YOU HAVE YOUR FINANCIAL STATEMENTS PREPARED BY A CA? _____
 NAME AND ADDRESS OF CA: _____

 IF NOT PREPARED BY A CA, BY WHOM? _____
 WHEN DOES YOUR FISCAL YEAR END? _____
 ARE COMPLETE COST RECORDS MAINTAINED? _____
 ARE FINANCIAL STATEMENTS PREPARED ON A PERCENTAGE OF COMPLETION, OR A COMPLETED CONTRACT BASIS: _____

15. AT WHAT BANKS HAVE YOU ESTABLISHED LINES OF CREDIT?

NAME & COMPLETE ADDRESS OF BANK	MAXIMUM LINE	EXPIRATION DATE	NATURE OF SECURITY

16. DO YOU, YOUR COMPANY, ANY OFFICER, OR PARTNER HAVE ANY OTHER BUSINESS INTEREST?
 DESCRIBE: _____

17. HAVE YOU, YOUR COMPANY, ANY OFFICER, OR PARTNER EVER FAILED TO COMPLETE A CONSTRUCTION CONTRACT OR FAILED IN BUSINESS: _____

 BEEN A MEMBER OF A FIRM THAT HAS? _____

 GIVE FULL PARTICULARS: _____

18. HAVE THERE BEEN ANY LIENS FILED AGAINST ANY OF YOUR JOBS DURING THE LAST TWO YEARS? _____

NAME & AGE	AMOUNT OF LIEN	AMOUNT OF FINAL SETTLEMENT	REASON AND OTHER PARTICULARS

19. FULLY DESCRIBE ANY OTHER DISPUTES, CONTROVERSY, SUITS, CLAIMS, OR JUDGEMENTS THAT HAVE ARISEN WITHIN THE LAST TWO YEARS: _____

- 20.
- a. WHAT COMPANY INSURED YOUR EQUIPMENT? _____
 - b. POLICY #'S _____
 - c. VALUE OF YOUR EQUIPMENT? _____
 - d. ATTACH LIST OF YOUR EQUIPMENT.
 - e. AMOUNT OWED ON EQUIPMENT? _____

21. IS ADEQUATE INSURANCE CARRIED ON UNCOMPLETED CONTRACTS?

22. ADVISE FULLY REGARDING:

	LIMITS	COMPANY	EXPIRING
a. LIABILITY INSURANCE			
b. AUTOMOBILE			
c. NON-OWNED AUTOMOBILE			
d. FIDELITY AND FORGERY			

LIFE INSURANCE CARRIED ON YOURSELF, PARTNER, OR OFFICERS?

INSURED	AMOUNT	COMPANY	BENEFICIARY	C.S.V.

THE UNDERSIGNED DOES HEREBY REPRESENT THAT THE STATEMENTS MADE HEREIN ARE TRUE AND AUTHORIZES ANY BANK OR OTHER REFERENCE TO VERIFY THE CORRECTNESS OF ITEMS IN THE ABOVE STATEMENTS.

I/We authorize the use of the information requested on this form by Hunter Keilty Muntz & Beatty Limited ("HKMB") for the purposes of processing the application to which it relates, risk assessment, providing services, investigating claims, processing claims and any other purpose authorized by law (each, an "Authorized Purpose"). I/We authorize access to, and disclosure of, this information to HKMB employees and to contractors, administrators, reinsurers, insurance companies and other parties who have a need to know for any Authorized Purpose and to any other person as authorized by law. I/We authorize HKMB to use any information about me/us contained in HKMB's existing files for any Authorized Purpose. To the extent that I/We am/are providing any information on this form about a third party, I/We confirm that I/We have the authority to provide such information.

I/We authorize HKMB and insurance company(s) to which this application may be made and their agents to periodically investigate my/our credit history, financial standing, character and reputation for any Authorized Purpose. I/We authorize any credit reporting agency, financial or other institution with whom I/we have had dealings and any reference provided by me/us to disclose to HKMB and insurance company(s) and their agents any information about me/us in connection with any such investigation.

SIGNED _____

WITNESS

TITLE _____

AGENT'S NAME _____

EACH SIGNATURE MUST BE WITNESSED, FOR AN INDIVIDUAL: EACH SIGNATURE MUST BE IN FULL NAME. FOR A CORPORATION: IT SHALL EXECUTE IN FULL CORPORATE NAME ITS PROPER OFFICERS AND AFFIX ITS CORPORATE SEA.