



LIBERTY MUTUAL INSURANCE COMPANY
 181 Bay Street, Suite 1000, Brookfield Place, Toronto, Ontario M5J 2T3

NEW CONTRACTOR QUESTIONNAIRE

Broker:	Date:
Address:	Fax:
Attention:	Telephone:

Name of Contractor: (show name exactly as it appears on corporate seal or as used in general conduct of business if not incorporated)

Corporate Name:		
Street:	City:	Prov:
PC	Telephone:	Fax:

List all corporate officers/partners/proprietors/shareholders/directors as applicable: (Use separate sheet if necessary).

Name	Personal Address	Position	Age	SIN	% Ownership	Name of Spouse

Will all of the above and their spouses personally indemnify the Surety? Yes No If No, explain.

Key Personnel
 ATTACH RESUME FOR EACH KEY PERSON, INCLUDING THOSE LISTED ABOVE.

List all subsidiary/affiliated/related companies: (Use a separate sheet if necessary)

Name of Company	Business Address	Type of Business	Details of Ownership

LIBERTY MUTUAL INSURANCE COMPANY

181 Bay Street, Suite 1000, Brookfield Place, Toronto, Ontario M5J 2T3

Class of construction contracts normally performed:

(if engaged in more than one class of business, indicate percentage of breakdown of activity in each)

General Contractor Subcontractor Mechanical Electrical Other (identify)

Road Builder Specialty Builder (identify)

Government %	Federal %	Provincial %	Public %	Private %	Other %(identify)			
Is the standard CCDC form of contract used? <i>(If No, explain)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Does the Company assume Design/Build responsibility? <i>(If Yes, detail Insurance cover)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the work undertaken subject to environmental exposures? <i>(If Yes, detail Insurance cover)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has the Company or any of its principals and/or their spouses and/or a company of any of them ever failed in business, petitioned for bankruptcy, compromised with creditors or caused a loss to a Surety? <i>(If Yes, explain)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the Company or any of its principals and/or their spouses and/or a company of any of them presently involved in litigation matters of any kind? <i>(If Yes, explain)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has the Company or any of its principals and/or their spouses and/or a company of any of them previously received bonding facilities. <i>(If Yes, explain. Include bonding limits provided ie. single job/work program, length of time with Surety and reason for changing Surety companies).</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Has there been any change in the control and/or management of the Company in the past 3 years? <i>(If Yes, explain)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
In what geographical area is the Company's work normally undertaken? Province _____ Main City _____ Radius from city in which work performed _____ km.								
Occasionally expands into what other geographical areas? _____								
On average, what portion of the Company's work is subcontracted? _____ %								
Are bonds normally required from the major subtrades? <i>(If No, explain)</i>					Yes <input type="checkbox"/>	No <input type="checkbox"/>		
Is the Company or any of its principals and/or their spouses or a Company of any of them engaged in any of the following types of projects?								
	Yes	No		Yes	No			
joint ventures	<input type="checkbox"/>	<input type="checkbox"/>	contracts more than 2 years	<input type="checkbox"/>	<input type="checkbox"/>	as a subdivider	<input type="checkbox"/>	<input type="checkbox"/>
wharf/pier/dams	<input type="checkbox"/>	<input type="checkbox"/>	asbestos removal	<input type="checkbox"/>	<input type="checkbox"/>	foreign ventures	<input type="checkbox"/>	<input type="checkbox"/>
turnkey propositions	<input type="checkbox"/>	<input type="checkbox"/>	real estate speculation	<input type="checkbox"/>	<input type="checkbox"/>	bridge construction	<input type="checkbox"/>	<input type="checkbox"/>
tunnelling projects	<input type="checkbox"/>	<input type="checkbox"/>	land development	<input type="checkbox"/>	<input type="checkbox"/>	private/public partnering	<input type="checkbox"/>	<input type="checkbox"/>
(If answered Yes to any of the above, provide details on a separate sheet)								

LIBERTY MUTUAL INSURANCE COMPANY
181 Bay Street, Suite 1000, Brookfield Place, Toronto, Ontario M5J 2T3

List the 5 largest contracts completed by the Company in the past 3 years.

Type of work performed					
Original contract price					
Final contract value					
Location of job					
When started					
When completed					
Gross profit achieved					
Name of owner					
Architect/engineer					

List 5 current major suppliers:

Supplier	Business Address	Credit Manager	Telephone #

List 5 subcontractors with whom the Company has worked, in the past two years:

Company Name	Business Address	Contact	Telephone #



LIBERTY MUTUAL INSURANCE COMPANY
 181 Bay Street, Suite 1000, Brookfield Place, Toronto, Ontario M5J 2T3

ACCOUNTING

When is the fiscal year end of the Company? _____			
On what basis is the financial statement prepared?	Accrual <input type="checkbox"/>	Completed contract <input type="checkbox"/>	% of completion <input type="checkbox"/>
How often are the statements prepared?	Annually <input type="checkbox"/>	Semi Annual <input type="checkbox"/>	Other <input type="checkbox"/> (identify)
Who prepares the outside statement?	CA <input type="checkbox"/>	Public Accountant <input type="checkbox"/>	Other <input type="checkbox"/> (identify)
If CA prepared, are the statements fully audited?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	(If No, explain)
Name of accounting firm and the individual to contact:			
Firm:	Contact:	Telephone #:	
Does your staff include a full time accountant? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, provide name & accounting experience in space provided below)			
Name:	Background:	Years with Company:	

BANKING DETAILS (Attach a copy of the current Operating Line of Credit Agreement)

Bank:	Address:	Credit Officer:	Telephone #:
-------	----------	-----------------	--------------

How much of the available credit is currently being utilized? \$ _____

GENERAL INFORMATION

Provide below, details of "Key Man" Insurance and/or attach a copy Buy-Sell Agreement(s) which are currently in place.		
Carrier:	Issued on behalf of:	
Amount: \$	CSV: \$	Beneficiary:
Policy No.	Policy Term: From:	to
Restricting Endorsements attached? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please explain)		
Has the Policy been assigned to anyone or a financial institution? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, please identify)		

Is the Company or any of its principals and/or their spouses or a Company of any of them, acting as guarantor, indemnitor, or Surety for others, or as endorser (co-signor) on notes and/or accounts? <i>(If Yes, please explain)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Company or any related, affiliated or subsidiary anticipate purchasing in the next 12 months, any equipment or other forms of fixed assets or extending any portion of existing fixed assets presently owned? <i>(If Yes, please explain)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does the Company or any related, affiliated or subsidiary have any accounts receivable and/or holdbacks receivable which are overdue? <i>(If Yes, please explain)</i>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

size contracts do you feel the Company and its owners are qualified to undertake? Between: \$ _____ and \$ _____	How many separate contracts at the same time?
---	---

On a separate sheet, please provide details of Insurance coverages which are currently in force on behalf of the Company. Information should detail the type and amount of Insurance carried, expiration dates and the name of the Insurance Company.

LIBERTY MUTUAL INSURANCE COMPANY
181 Bay Street, Suite 1000, Brookfield Place, Toronto, Ontario M5J 2T3

NOTICE TO READER

Please attach the following standard information:

- Last 3 fiscal year end statements and any recent available interim statements of the Company and any related, affiliated and/or subsidiary companies.
- Current personal financial statements of all individuals having a financial interest in the Company and/or any related, affiliated and/or subsidiary companies
- Completed "Status of Contract" information as at the company's last fiscal year end and at a current date.
- All separate sheets on which explanations are being provided in respect to answers given to questions previously asked in this questionnaire.
- Copy of the current banking Agreement in respect to the company's Line of Credit facility.

For the purpose of inducing the Liberty Mutual Insurance Company to issue Bonds or undertakings, the undersigned hereby warrants that the above information is true and accurate, and the undersigned authorizes any financial institution, credit bureau or other reference to confirm or refute the correctness of information presented in this questionnaire.

Dated this _____ day of _____, _____.

Signature of authorized individual