



FIDELITY AND DEPOSIT COMPANY OF MARYLAND

- New Account
Account Update

Name of Agency: Keen Battle Mead & Company
Date Prepared:

CONTRACTOR'S PROFILE

Name of Company:
Trade Style (if any):
Address:
Is this trade style registered?
Telephone No.:

ORGANIZATION

1. Corporate Officers and/or Shareholders-Partners-Proprietor:

Table with 8 columns: Name, Residence Address, Age, Position, Held Since, % of Ownership, Keyman Life Insurance Amount, Keyman Life Insurance Beneficiary

- 2. Have there been any changes in the control or management of the company during the last 5 years?
3. Has your company, or any of its principals or their spouses, or a company with which they were associated ever failed in business, petitioned for bankruptcy, compromised with creditors, defaulted on a contract or caused a loss to a surety?

4. Key personnel (Principals, Estimators, Superintendents, Foremen, etc. - (Attach a resume on each person):

Table with 7 columns: Name, Age, Position, Held Since, Duties, Previous Employer, Position

5. Continuity - Completion of work:

- a) Is there a buy-sell agreement in effect?
b) Who are the parties to the buy-sell agreement?
c) What arrangements have been made to assure that contracts are completed if the owners are not available?

6. Parent, Affiliate and/or Subsidiary companies:

Table with 6 columns: Full Legal Name, Location, Ownership, Operations, Indemnity Available?, Has Endorsed for Obligations of:

BACKGROUND AND HISTORY

- 1. Date Business Established
2. Name of Predecessor
3. Is this company, owners or officers of company, or related companies presently engaged in any litigation?
4. List below largest fixed price contracts completed under present management.

Table for contract details with columns: Contract Price, Type of Work, Location, Owner, Architect or Engineer, When Started, When Completed, Amount of Profit (Loss), Project Manager, Surety

(For Use By Surety - Verified) YES NO YES NO YES NO YES NO

- 5. Largest program assumed      \$ \_\_\_\_\_      Year \_\_\_\_\_
- 6. Largest project bid            \$ \_\_\_\_\_      Description \_\_\_\_\_      Year \_\_\_\_\_
- 7. Largest project under bid      \$ \_\_\_\_\_      Year \_\_\_\_\_

**OPERATION**

- 1. Form of Business:     Corporation     Sub "S" Corporation     Partnership     Proprietorship
- 2. What type of work is normally undertaken by this company: (If more than one type, list each specialty and give approximate percentage of annual sales applicable to each) \_\_\_\_\_
- 3. a) In which geographic area do you normally work? \_\_\_\_\_  
b) Do you ever work outside this area?  Yes  No    If yes, where and when? \_\_\_\_\_
- 4. In which states are you licensed? \_\_\_\_\_
- 5. What percentage of work is public? \_\_\_\_\_%    private? \_\_\_\_\_%    How do you confirm financing on private work? \_\_\_\_\_
- 6. What percentage of your work is usually sublet to others? \_\_\_\_\_%  
Types of work usually sublet? \_\_\_\_\_  
Types of work usually done by your own forces? \_\_\_\_\_  
Do you obtain bonds from your subcontractors?  Always     Sometimes     Seldom  
If sometimes or seldom, what guidelines such as size, experience and reputation are used to determine when sub bonds are required? \_\_\_\_\_
- 7. Number of crews? \_\_\_\_\_
- 8. Is your operation:  Union    or     Non-Union
- 9. To what extent does management control and supervise jobs:  
a)  Daily             Weekly             Monthly  
b)  Personally     Through Reports     Other (please specify) \_\_\_\_\_
- 10. Does this company or a related company or any persons named herein engage in any of the following: Real Estate Investment or Development, Building for their own account, Design/Build projects, Turn key projects, Foreign Work  Yes  No  
If yes, please provide details in Additional Information Section.
- 11. Have you or any related company purchased any equipment or other assets of any kind since your last fiscal year end?  
 Yes     No    If yes, please provide details in Additional Information Section.
- 12. Do you currently have adequate plant and equipment to support your anticipation volume?  Yes     No  
If no, give detailed explanation of additional equipment needed and how you will finance its acquisition in the Additional Information Section
- 13. Are any major equipment items leased?  Yes  No    (If yes, please provide schedule of equipment, lessor and terms - including options to purchases).

**ACCOUNTING**

- 1. What is the name and address of your accounting firm? \_\_\_\_\_  
Are they a  CPA     PA     Other (describe) \_\_\_\_\_
- 2. How many years has this firm prepared your financial statements? \_\_\_\_\_
- 3. Fiscal year end is \_\_\_\_\_ (For taxes)
- 4. Accounting Basis:

	% of Completion	Completed Contract	Accrual	Cash
For Financial Reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For Tax Purposes*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\* If taxes are on the subchapter "S" basis, attach a copy of the most recent 1120S Federal Information Return

- 5. Financial Statements are:

	Audit	Review	Compilation	In-House
Fiscal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interim	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 6. How frequently do you prepare:

	Semi Annually	Quarterly	Monthly
Interim Statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Spread Sheets (job progress reports)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 7. Does your office staff include a full time accountant/bookkeeper?  Yes  No    What are his/her qualifications and experience? \_\_\_\_\_
- 8. Frequency which your company does the following

	Weekly	Monthly	Other (describe)
Internal cost accounting records to provide job status reports:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
How often are costs to complete updated:			
Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**REFERENCES**

1. Banking Relations	Line of Credit*		Expiration Date	Nature of Security	Personal Endorsement By:
Name of Facility					
a) Address	Open				
	Secured				
b) Address	Open				
	Secured				

\*Please furnish bank letter setting forth lines of credit and name of loan officer to contact.

2. Surety Relations
- Names of present surety: \_\_\_\_\_ How long with present surety? \_\_\_\_\_
- Conditions imposed and/or restrictions: \_\_\_\_\_ Are there any disputes with owners, subcontractors, or suppliers on any bonded job? If yes, please provide details in the Additional Information Section.
- Reasons for changing surety: \_\_\_\_\_
- Have you ever had a bond request denied, granted with conditions you considered unacceptable, or had your bond credit terminated?  Yes  No If yes, please explain.

List names of other sureties with whom you have dealt during the past 5 years and the reasons for change.

3. List 5 major suppliers:

	NAME	ADDRESS	TELEPHONE
1)			
2)			
3)			
4)			
5)			

4. List 5 subcontractors (Contractors, if a subcontractor) with you worked in the last 3 years.

	NAME	ADDRESS	TELEPHONE
1)			
2)			
3)			
4)			
5)			

5. List 3 architects or engineers who have supervised your work during last 3 years.

	NAME	ADDRESS	TELEPHONE
1)			
2)			
3)			

6. Attorney:

NAME	ADDRESS	TELEPHONE

**INSURANCE**

List of insurance coverages in force.

Coverage	Yes	No	Limits/Expiration Date	Insurance Company
Property	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Builder's Risk	<input type="checkbox"/>	<input type="checkbox"/>		
Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>		
Liability	<input type="checkbox"/>	<input type="checkbox"/>		
Umbrella	<input type="checkbox"/>	<input type="checkbox"/>		
Fidelity	<input type="checkbox"/>	<input type="checkbox"/>		

MISCELLANEOUS

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Do you have any accounts receivable or retainage which are over due or doubtful?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any claims or change orders outstanding which have not been approved?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Is your company or its principals acting as Guarantor, Indemnitor or Surety for others or as endorser their notes or accounts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are there any liens for labor or materials filed against your company, its officers or any company associated with them?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are there any judgments, suits or claims outstanding against your company, its officers or any company associated with them?   | <input type="checkbox"/> | <input type="checkbox"/> |

(If you have answered yes to any of the above questions please explain in the Additional Information Section)

CAPACITY

1. What size and type projects do you feel your company is best qualified to handle?

- |           |        |        |
|-----------|--------|--------|
| a) Type   | Type   | Type   |
| b) Amount | Amount | Amount |

2. What total program do you feel your current organization is qualified to undertake?  
(Dollar amount and number of projects)

3. Anticipated annual volume: current year \_\_\_\_\_ 3 years from now \_\_\_\_\_

Attached to this form should be:

- A. Last three fiscal year end statements and any recent interim statements of applicant and all related companies whether active or not.
- B. Personal financial statements of all share holders, partners or proprietors and their other companies whether active or not.
- C. Current uncompleted and completed work schedule and uncompleted or completed work schedule as of latest year end if these schedules are not included with above statements (F&D Form C330b).

ADDITIONAL INFORMATION

We want to be in the position to give you the best possible service and therefore would appreciate any additional information which you feel will assist us in gaining a complete understanding of your company.