

COMPANY QUESTIONNAIRE

Requested by Sully-Miller Contracting Company

The purpose of the Questionnaire is to assist us in evaluating the project by disclosing the information requested below, including the identification of the principal parties involved and the source of financing for the performance of the work. Information provided herein will be specifically relied upon in the determination of our investment of time, work and capital in this project.

1. YOUR COMPANY

Legal Title of the Company: _____

Address: _____

Mailing Address: _____

City: _____ State _____ Zip _____

Telephone Number: (____) _____ - _____ Fax Number: (____) _____ - _____

E-Mail Address: _____

Contact Person: _____ Contact Person Title: _____

2. OWNERS, OFFICERS OR PRINCIPALS OF YOUR COMPANY

| | | |
|--------------|-------|---------------------|
| NAME | TITLE | SOC. SEC/TAX I.D. # |
| HOME ADDRESS | | HOME PHONE # |
| CITY | STATE | ZIP |
| | | E-MAIL ADDRESS |
| <hr/> | | |
| NAME | TITLE | SOC. SEC/TAX I.D. # |
| HOME ADDRESS | | HOME PHONE # |
| CITY | STATE | ZIP |
| | | E-MAIL ADDRESS |
| <hr/> | | |
| NAME | TITLE | SOC. SEC/TAX I.D. # |
| HOME ADDRESS | | HOME PHONE # |
| CITY | STATE | ZIP |
| | | E-MAIL ADDRESS |
| <hr/> | | |
| NAME | TITLE | SOC. SEC/TAX I.D. # |
| HOME ADDRESS | | HOME PHONE # |
| CITY | STATE | ZIP |
| | | E-MAIL ADDRESS |

Financial: Credit References (2 banks)

Name: _____ Address: _____

City/State: _____ Contact: _____

Name: _____ Address: _____

City/State: _____ Contact: _____

3. OWNER

Name of Owner of the Project: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-Mail Address: _____

Contact Person: _____ Contact Person Title: _____

4. PROJECT FINANCING

Name of the party responsible for providing the construction funding for the Project:

Loan Number: _____

Address: _____ City _____ State _____ Zip _____

Mailing Address: _____

Telephone Number: (_____) _____ - _____ Fax Number: (_____) _____ - _____

E-Mail Address: _____

Contact Person: _____ Contact Person Title: _____

5. LABOR AND MATERIAL PAYMENT BOND

List the name of the Bonding Company and Agent authorized to issue labor and material payment bond on this project

Bonding Company: _____

Address: _____

Bond Number: _____

Agent Listed on Bond: _____

Agent Address: _____

6. SUBDIVISION IMPROVEMENT AGREEMENT BOND

List the name of the Bonding Company and the Agent authorized to issue the Subdivision Improvement Agreement

Bonding Company: _____

Address: _____

Bond Number: _____

Agent Listed on Bond: _____

Agent Address: _____

| | |
|--|-------------|
| By providing this information, the undersigned warrants that the information is true and accurate to the best of his knowledge, information and belief. * | |
| Signature _____ | Date: _____ |
| Name & Title: _____ | |
| <small>*Must be owner, executive officer or partner of the company</small> | |