

# Tuttle & Traina Insurance Agency, Inc.

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Construction Services

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## CONTRACTOR DATA SHEET

Contractor's Name(s): \_\_\_\_\_ Contact: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Fax#: \_\_\_\_\_

Construction Specialty: \_\_\_\_\_ FEIN#: \_\_\_\_\_

Corporation( ) S Corp( ) Partnshp( ) Sole Prop( ) Other( ) SIC # \_\_\_\_\_

Years in Business: \_\_\_\_\_ FYE Date: \_\_\_\_\_ Annual Sales: \$ \_\_\_\_\_

Largest Contract: \$ \_\_\_\_\_ Largest Work Program: \$ \_\_\_\_\_ Year: \_\_\_\_\_

### Management: Officers, Partners, Principals:

Principal(s)' Name(s)	Title	Own%	Spouse's Name	Yrs in Business

Indemnity by Principals ( )Yes ( )No

Indemnity by Spouses ( )Yes ( )No

Name of CPA: \_\_\_\_\_

Financial Statements: ( )CPA Audited ( ) Reviewed ( )Compiled  
 ( )Cash ( ) Accrual ( ) % Complete  
 ( ) Annual Statements ( ) Semi-Annual Statements ( ) Other \_\_\_\_\_

Name of Bond Company: \_\_\_\_\_ Surety Line: \$ \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Credit Line: \$ \_\_\_\_\_

Any Affiliates, Subsidiaries or Related Companies In Which Firm Has Interests: \_\_\_\_\_

Insurance Expiration Dates: \_\_\_\_\_ Requesting Renewal Review [ ] Yes; [ ] No

Surety Program Requests: \_\_\_\_\_ Want Bond Program Review [ ] Yes;

Best Time to Call: \_\_\_\_\_ Please Call: [ ] ASAP; [ ] In 1 month; [ ] Prior to Year End

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