

INSURANCE & FINANCIAL SERVICES, LTD.
P. O. BOX 970, HOCKESSIN, DE 19707
302-239-2355 FAX 302-239-5722

DEVELOPER'S QUESTIONNAIRE

DEVELOPER: _____

ADDRESS: _____

CITY STATE ZIP PHONE NUMBER

TAX I.D. #: _____ PROPRIETORSHIP _____

DATE BUSINESS STARTED: _____ PARTNERSHIP _____

DATE INCORPORATED: _____ CORPORATION _____

SUB CHAPTER S CORP. _____

TYPE OF DEVELOPMENT WORK: _____

TERRITORY: _____

IS FULL INDEMNITY OF ALL OWNERS, PARTNERS OR STOCKHOLDERS AVAILABLE?

YES: _____ NO: _____ LIST INDEMNITORS BELOW (Full Legal Name & Spouses)

LIST ORGANIZATION'S OWNERS, PARTNERS OR STOCKHOLDERS

NAME SPOUSE NAME HOME ADDRESS & ZIP CODE SOCIAL SECURITY #

HAVE YOU OR ANY OFFICER, PARTNER, STOCKHOLDER OR PRINCIPAL EVER
BEEN ASSOCIATED WITH A COMPANY WHICH HAS FAILED TO COMPLETE A
CONTRACT, CAUSED A SURETY LOSS, FAILED IN BUSINESS, OR COMPROMISED
A CREDITOR? _____ *IF SO, PLEASE ATTACH A FULL EXPLANATION*

ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION? _____
IF SO, PLEASE ATTACH A FULL EXPLANATION

INFORMATION SUBMITTED BY: _____

Title