Contractor Application / File Study

Contract surety

Company Identification	File No.
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Company's name			Incorporation date	Telephone (office)	
Address				Fax	
City Province		Postal code	Cellular		
General manager	Title		Function		Pager
Personal address, City				Postal code	Telephone (home)

General Company Information

List of shareholders (person and/or comp	oany)
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			Lai		a
_	Shareholder	☐ Administrator	Shares		Social Insurance Number
1				%	
Addre	SS		•		Net value on personal balance
					sheet \$
					sileet \$
Surna	me and first name of spouse				Telephone (home)
	Shareholder	☐ Administrator	Shares		Social Insurance Number
_	Silai erioldei	L Administrator	Silaies	07	Social insulance Number
2				%	
Addre	SS				Net value on personal balance
					sheet \$
Curno	me and first name of spouse				Telephone (home)
Surna	me and first name of spouse				rerephone (nome)
	Shareholder	☐ Administrator	Shares		Social Insurance Number
3				%	
5				70	
Addre	SS				Net value on personal balance
					sheet \$
Surna	me and first name of spouse				Telephone (home)
			1		
	Shareholder	□ Administrator	Shares		Social Insurance Number
4				%	
Addre	ec		1		Net value on personal balance
Addie	33				· ·
					sheet \$
Surna	me and first name of spouse				Telephone (home)

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Brief	ly, what are the main activities of your company?			
In wh	nich sectors do you foresee using bonds?			
	ng the last 2 years you have presented your submission. A bond issued by an insurance company:			
	ated or related companies			
Section Enclose	on to be completed if your company is affiliated or related (ose the most recent financial statements for each of the cor	(though one mpanies ide	of the shareholders) to anothe ntified below.	er company.
1	Company name, head office address		Type of company	Shares held %
2	Company name, head office address	Type of company	Shares held %	
3	Company name, head office address	Type of company	Shares held %	
4	Company name, head office address	Type of company	Shares held %	
Key	company staff		·	
1	Surname, First name	unction	Employed for yrs	
Train	ing	Experience	9	,
2	Surname, First name	unction	Employed for yrs	
Training Experience				
3	Surname, First name Funct		unction	Employed for yrs
Train	ing	Experience	9	,
4	Surname, First name	F	unction	Employed for yrs
Train	ing	Experience	9	,

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Main	projects over the past 3 years								
1	Employer			Finishing date				Contract amount	
Name of project				Location					
2	Employer			Finishing date			Contract amount		
Name	of project			Loca	ition			<u> </u>	
3	Employer 3			Finishing date				Contract amount	
Name	of project			Location					
Con	sultants and Profession	als							
Finar	ncial institution								
	of institution				Branch				
Addre	Address						Telephone		
City		Province	Province Postal code				Fax		
Line	ine of credit authorized Line of credit used				Account manager				
	monthly payments for all loans and renta gages, Equipment, Vehicles)	I agreements			appr	oxi	mate		
Liahi	lity insurance								
	of insurance company					Da	te of rene	ewal	
Name of insurance broker Name of broker				oroker					
Good	Is and equipment insurance		l						
Name of insurance company						Da	te of rene	ewal	
Name of insurance broker Name of broker									
Acco	untants and auditors		,						
	of accounting office						Telepho	ne	
Addre	ess						Fax		
City		Province	Posta	I code		Na	me of acc	countant	

F10.01.01A R21



Has the company been sued in the last 5 years' Details:	? (Reason and am	ount)		
Work in Progress				
Project	Contract amount	Estimated total cost	Total charged (including holdbacks)	End of work (predicted date
Total:				
What is the average value of the projects that How many projects of this value are you capal What is the value of the largest project that yo	ole of carrying ou	t at the same time?		
Membership and Registration				
Associations		Regi	stration No.	
□ACQ □APCHQ □CMEQ □CMM	TQ CSST	CCO	IGIF n	umber

The undersigned hereby declare to the best of their knowledge that the information presented in the form Contractor Application / File Study, is just and true and reflects the company's current situation.

Confidentiality
All of our files are confidential, only people authorised by L'UNIQUE, General Insurance inc have access to this information.

Signature of the person authorised to complete this form



Documents to include with your application

last three financials years including the accounts receivable (explanation for accounts over 90 days) and payable ☐ Interim financial statements including the accounts receivable (explanation for accounts over 90 days) and payable (if the complete financial statements are 6 months old or more) ☐ Financial statements of companies affiliated or related with the owners of the company ☐ Variable credit contract (line of credit) (indicate in the I any disputes with Recent detailed Personal Balant the company. C Form F10.05.01 ☐ Tax accounts or personal balance and key comparing and key comparing and key comparing certificate from Certificate can be obtained.	of real estate appearing in the e sheet esume of the shareholders by staff a Revenu Québec The tained online at talen/entreprise The Certificate's issue
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