

**CLOSURE AND/OR POST CLOSURE
SURETY SURVEY**

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualification. Please complete this form as accurately as possible. Please answer every question.

COMPANY'S NAME

CONTACT NAME	TELEPHONE:	FAX:	DATE
--------------	------------	------	------

ADDRESS (Street)	(City)	(State)	(Zip)
------------------	--------	---------	-------

GENERAL INFORMATION

FORM OF BUSINESS (CHECK ONE)	NATURE OF OPERATIONS
<input type="checkbox"/> Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Corporation <input type="checkbox"/> Corporation	

GEOGRAPHIC AREAS OF OPERATION	STATES IN WHICH LICENSED TO DO BUSINESS IN?
-------------------------------	---

AGENT

AGENCY NAME

AGENCY CONTACT	TELEPHONE NO.	FAX NO:
----------------	---------------	---------

ADDRESS (Street)	(City)	(State)	(Zip)
------------------	--------	---------	-------

HISTORY

DATE BUSINESS ESTABLISHED	INCORPORATED	NAME OF PREDECESSOR COMPANY	WHEN DID CURRENT MANAGEMENT ASSUME CONTROL?
---------------------------	--------------	-----------------------------	---

ORGANIZATION – OWNERS AND KEY EMPLOYEES

NAME	YEAR BORN	% OF STOCK	NAME OF SPOUSE	POSITION	YEARS EXPERIENCE	
					HERE	OTHER

ARE THE OWNERS PERSONALLY ACTIVE IN THIS BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	HAVE ANY OF THE PRINCIPALS DECLARED BANKRUPTCY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE DETAILS ON SEPARATE SHEET
---	--

PARENT, AFFILIATE AND/R SUBSIDIARY COMPANIES

NAME	LOCATION	OWNED BY	SCOPE OF OPERATIONS

FINANCIAL INFORMATION: Please attach a complete copy of the most recent financial statement of the company and any and

all affiliated companies, and personal financial statements of all principal owners			
WHEN IS YOUR FISCAL YEAR END?	WHO PREPARED YOUR FINANCIAL STATEMENTS? <input type="checkbox"/> CPA <input type="checkbox"/> PA <input type="checkbox"/> OTHER	ON WHAT BASIS ARE THEY PREPARED? <input type="checkbox"/> CASH <input type="checkbox"/> PERCENTAGE OF COMPLETION <input type="checkbox"/> ACCRUAL <input type="checkbox"/> COMPLETED CONTRACT	
ON WHAT BASIS DO YOU PAY FEDERAL INCOME TAXES? <input type="checkbox"/> CASH <input type="checkbox"/> PERCENTAGE OF COMPLETION <input type="checkbox"/> ACCRUAL <input type="checkbox"/> COMPLETED CONTRACT		HOW OFTEN DO YOU PREPARE FINANCIAL STATEMENTS?	HAVE YOU EVER BEEN AUDITED BY THE IRS? <input type="checkbox"/> YES <input type="checkbox"/> NO YEAR OF MOST RECENT AUDIT? _____ DATE OF LAST CLEARANCE? _____
CREDIT INFORMATION Please list all banks and/or financial institution where you have accounts or loans:			
NAME OF BANK	MAILING ADDRESS	ACCOUNT NO.	TYPE OF ACCOUNT
DO YOU HAVE A LINE OF CREDIT? <input type="checkbox"/> YES <input type="checkbox"/> NO NAME OF BANK: _____ WHEN DOES IT EXPIRE? _____ AMOUNT OF LINE OF CREDIT? _____ AMOUNT OUTSTANDING: ? _____ AS OF : _____ HOW IS THE LINE SECURED? <input type="checkbox"/> PERSONAL GUARANTEE ONLY <input type="checkbox"/> COMPANY AND PERSONAL GUARANTEE <input type="checkbox"/> SPECIFIC ASSETS _____ LOAN OFFICER: _____ (Name) (Title) (Telephone number)			
LIST THREE VENDOR REFERENCES			
BUSINESS NAME	ADDRESS	TELEPHONE NO.	CONTACT
FACILITY INFORMATION			
FACILITY'S STANDARD INDUSTRIAL CLASSIFICATION (SIC CODE NUMBER(S)): _____			
EPA IDENTIFICATION NUMBER _____			
DO ANY RAW MATERIALS, INTERMEDIATES, PRODUCTS OR WASTES CONTAIN DIOXIN'S PCB'S? <input type="checkbox"/> YES <input type="checkbox"/> NO DOES THIS FACILITY TREAT AND/OR STORE HAZARDOUS WASTE(S) IN SURFACE IMPOUNDMENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
PROVIDE A GENERAL DESCRIPTION OF THE APPLICANT'S OPERATIONS: (attach a plot plan showing buildings, operating units, property boundaries)			
RCRA PERMIT STATUS: <input type="checkbox"/> INTERIM <input type="checkbox"/> FINAL PERMIT DATE ISSUED: _____ DATE EXPIRES: _____			
PROVIDE A BRIEF DESCRIPTION OF THE HAZARDOUS WASTE TREATMENT AND/OR STORAGE FACILITIES. (include any available plot plan showing location of tanks, containers, dikes, storm water drainage, points of operation, storage locations, and conveyance routes used with the site)			
ATTACH AN ORGANIZATION CHART SHOWING ENVIRONMENTAL AND SAFETY ORGANIZATION, LISTING PERSON RESPONSIBLE FOR HAZARDOUS WASTE MANAGEMENT			
List those hazardous waste(s) stored and/or treated on-site at your facility, the epa classification of each and the monthly quantity generated.			

<p>Describe the surrounding environments (3 mile radius). (Note: Discuss location and description of surface waters, ground water, population, etc., and attach a USGS Topographical map indicating location of facility, municipal community supply wells</p>
<p>List and comment on all, if any, current consent orders this facility is involved with?</p>
<p>Has this facility, or the parent corporation of this facility, ever been prosecuted for contravention of any regulatory standard, status or law relating to any release of a hazardous waste from this facility?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe in detail</p>
<p>At this time are you aware of any circumstances which may reasonably be expected to give rise to a claim?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe in detail</p>
<p>Has there ever been a release of hazardous waste from this facility that was contained within the property boundary(ies)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe in detail</p>
<p>Has there ever been a release of hazardous waste from this facility that passed the facility boundary(ies)?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe in detail</p>
<p>Please provide a list of all releases reported to regulatory authorities for past (5) years including, but not limited to, the National Response Center (NRC), local fire departments, etc.</p>
<p>Has there ever been a third party liability claim against either the facility or the parent corporation due to ANY pollution event at this facility?</p> <p><input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe in detail</p>
<p>Provide an aerial photograph of the facility and surroundings if available.</p>
<p>Please provide a copy of your approved closure plan and approved closure cost estimate.</p>

SUPPLEMENTAL INFORMATION (ATTACH EXPLANATION FOR ANY "YES" ANSWERS)

1. ARE THERE ANY JUDGEMENTS, SUITS, CLAIMS OR LIENS AGAINST THIS COMPANY OR ANY OWNER?
 YES NO IF YES, EXPLAIN:

2. HAS THE COMPANY LITIGATED OR ARBITRATED ANY MATTER CONCERNING ANY CONTRACT?
 YES NO IF YES, EXPLAIN:

3. HAS THE COMPANY OR ANY OWNER EVER DECLARED BANKRUPTCY IN ANY BUSINESS OR COMPROMISED WITH ANY CREDITOR?
 YES NO IF YES, EXPLAIN:

4. HAS THE COMPANY EVER DEFAULTED ON A CONTRACT?
 YES NO IF YES, EXPLAIN:

5. HAS ANY SURETY EVER PAID A LOSS ON ANY BOND FOR THIS COMPANY OR ANY OWNER?
 YES NO IF YES, EXPLAIN:

6. ARE ANY OF THE COMPANY ASSETS OR ANY OWNER'S ASSETS PLEDGED AS SECURITY FOR ANY PURPOSE?
 YES NO IF YES, EXPLAIN:

7. HAS THE COMPANY EVER BEEN DECLINED BY A BONDING COMPANY?
 YES NO IF YES, WHAT COMPANY? AND WHAT WAS THEIR REASON FOR THE DECLINATION?

THE FOLLOWING STATEMENT MUST BE SIGNED ON BEHALF OF YOUR COMPANY AND BY EACH OWNER

THE INFORMATION CONTAINED IN THIS STATEMENT IS PROVIDED FOR THE PURPOSE OF OBTAINING OR MAINTAINING SURETY CREDIT WITH YOU ON BEHALF OF THE UNDERSIGNED, OR PERSON, FIRMS OR CORPORATIONS ON WHOSE BEHALF THE UNDERSIGNED MAY EITHER SEVERALLY OR JOINTLY WITH OTHERS, EXECUTE A GUARANTEE IN YOUR FAVOR. EACH UNDERSIGNED UNDERSTANDS THAT ACSTAR INSURANCE COMPANY IS RELYING ON THE INFORMATION PROVIDED HEREIN (INCLUDING THE DESIGNATION MADE AS TO OWNERSHIP OF ALL ASSETS) IN DECIDING TO GRANT OR CONTINUE SURETY CREDIT. EACH UNDERSIGNED REPRESENTS AND WARRANTS THAT THE INFORMATION PROVIDED IS TRUE AND COMPLETE AND THAT YOU MAY CONSIDER THIS STATEMENT AS CONTINUING TO BE TRUE AND CORRECT UNTIL A WRITTEN NOTICE OF A CHANGE IS GIVEN TO ACSTAR INSURANCE COMPANY BY THE UNDERSIGNED. YOU ARE AUTHORIZED TO MAKE ALL INQUIRES YOU DEEM NECESSARY TO VERIFY THE ACCURACY OF THE STATEMENTS MADE HEREIN, AND TO DETERMINE MY/OUR CREDIT WORTHINESS. YOU ARE AUTHORIZED TO ANSWER EXPERIENCE QUESTIONS ABOUT YOUR SURETY CREDIT WITH ME/US.

COMPANY NAME (Print or type)	DATE	OWNER SIGNATURE	DATE
OFFICER SIGNATURE		OWNER NAME (Print or type)	
OFFICER NAME (Print or type)			