

APPLICANT:

6150 Oak Tree Boulevard, Suite 440

Independence, Ohio 44131

(440) 995-5100 (440) 995 5101 FAX

(800) 641-9222

CONFIDENTIAL

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Position | % Stock | Age | Place of Birth |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

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| --- | --- | --- | --- | --- |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Business Name:

Address:

City/County/State/ Zip:

Telephone Number:

Federal ID Number:

Geographical area of operations:

Landfill and/or hauling operations in which states:

Date business established:

Date Incorporated:

In what State:

Name of predecessor company:

When did current management assume control?

OPERATOR'S QUESTIONNAIRE

We welcome the opportunity to secure bonding for you. The purpose of this questionnaire is to assist us in

evaluating your qualifications. Complete this form as accurately as possible. Every question is important,

please answer each one. If you have any questions while completing this form, please call (800) 641-9222.

Where you referred to Evergreen through the Environmental Industry Associations (E.I.A.)

Which includes the National Solid Waste Management Association (NSWMA)

Yes

No

**General Information**

Business Structure:

Corporation

Partnership

Ltd Partnership

Sub S Corp.

LLC

Types of construction performed:

Union

Non-union

Merit/Open Shop

**History**

**Organization/Owners and Key Employees**

*List all Officers, include each owner with 5% or more ownership.*

Years of Experience

Social Security Number

Home Telephone Number

Spouse's Name

Here

Other

Are owners personally active m the business?

Yes

No

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|  |  |
| --- | --- |
| Name/Address | Phone Number |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |
| 5. |  |

Accounting Firm:

Address:

City/County/State/Zip:

How many years have this firm prepared your financial statements?     Tax returns?

Date of fiscal year end?

    % of completion     %Completed contract       Accrual

    % of completion     %Completed contract       Accrual

end has not been distributed?

What year was your last IRS audit?       Results:

|  |  |  |
| --- | --- | --- |
| Name/Address | Phone Number | Contact |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

References

*List your five major suppliers*

At present your firm is:

Discounting bills

Paying with terms

0-30 days late

30-60 days late

Over 60 days late

Special Terms

*List five subcontractors with whom you have worked in the past two years.*

**Accounting and Financial Reporting**

This accounting firm is:

CPA

Public Accountant

Other

Internal

Independent

The year end statement is:

Fully audited

Partially audited

Review quality

Compilation quality

Method of accounting for financial reporting:

Cash

Method of accounting for tax purposes.

Cash

If taxes are paid on a Sub Chapter S basis, show the basis the earnings are reported on the I 120S Federal

Information Return for tax purposes.

How often are interim statements prepared:

Monthly

Quarterly

Semi-annually

The interim statement is: Fully audited

Partially audited

Review quality

Compilation quality

If you are a Sub Chapter S Corporation, what amount of the described income shown as of the fiscal year

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|  |  |  |
| --- | --- | --- |
| Name of Insured | Amount | Insurance Company |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

Attorney:

Address:

City/Stat/Zip:

Prior Sureties:

Name of present Surety, (if any):

Address:

City/Stat/Zip:

Name of present agency:

Address:

City/Stat/Zip:

How long have you been with present Surety?

Reason for now changing?

If yes, explain:

Names of other sureties used:

If yes, describe:

Have your operations been profitable since the last statement date?

Yes

No

Yes

Have there been any major changes in your financial condition since the last statement date with respect to ownership, major loans or refinancing, major equipment purchases

or leases,

No

If so, explain:

Internal cost accounting records can show changes in job's profitability on a:

daily basis

weekly basis

monthly basis

quarterly basis

cannot tell until job is completed

**Life Insurance/Corporation as a Beneficiary**

Attorney/Surety

Is there any litigation pending?

Yes

No

If yes, have the attorney, on his/her letterhead, briefly explain the nature of the litigation and its current status

As an inducement for bonding, are you currently providing:

Personal Indemnities

Additional Corporate Indemnities

Collateral

Are all owners and their spouses willing to personally indemnify the bond carrier?

Yes

No

Have you been turned down by your present or prior Surety?

Yes

No

**Suits/Judgments/Defaults/and Contingents Liabilities**

Has your company or any officer or any partner ever filed bankruptcy or otherwise

Compromised with your creditors?

Yes

No

Do any of the officers, stockholders, owners or any companies in which they have

a financial interest, engage in or intend to engage in any form of real estate investment

development, building or any other form of speculative venture?

Yes

No

In addition to landfills, what other business activities do you engage or intend to engage in?

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|  |  |  |  |
| --- | --- | --- | --- |
| Name | Location | Owned By | Scope of Operations |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

|  |  |  |
| --- | --- | --- |
| Carrier | Address | Type of insurance, policy number |
| I . |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

How is the Buy-Sell Agreement funded?

Who is the Buy-Sell between?

Name of Bank:

With since:

Address:

City/Stat/Zip:

Name of Loan Officer:

Line of credit:

Telephone Number:

Amount of line currently in use:

Expiration date of line of credit:

**Parent, Affiliate and/or Subsidiary Companies**

**Continuity/Job Completion**

Is there a formal Buy-Sell Agreement in effect?

Yes

No

If yes, attach a copy

If no Buy-Sell is in effect, is a Will in effect which

addresses how ownership is to change?

Yes

No

If yes, explain:

What arrangements have been made to assure contracts are completed in the event of the owner's death or

disability?

What incentives are given the key employees to follow through (bonuses, profit sharing, etc.)?

**Bank**

Description of security on line of credit?

Unsecured

Inventory

Personal Endorsement

Contract Rights

Real Estate

Equipment

Accounts Receivable

**Insurance**

*Please list all forms of insurance held by your company for landfill andlor hauling operations:*

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| --- | --- | --- | --- |
| Name | Location | Cubic yard cap. | Est. closure date |
| I . |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |

|  |  |  |
| --- | --- | --- |
| Name | Closure bond required | Post-closure bond required |
| I . |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

|  |  |  |
| --- | --- | --- |
| Name | Amount Deposited | Name of Financial Institution |
| 1. |  |  |
| 2. |  |  |
| 3 |  |  |
| 4. |  |  |
| 5. |  |  |

Name:

Address:

City/State/Zip:

Phone:

If yes, Surety name:

Address:

City/Stat/Zip:

Phone:

Who is the Agent for the insurance described on previous page?

**Landfill Closure/Post-Closure Bonding Requirements**

*Please list all landfills currently operated*

*Which of the above listed sites are you requesting bonds for and in what amount?*

Do you currently have landfill bonds written by any other surety?

Yes

No

Do you have a State Trust Fund set up for any of the landfills for which you are

requesting bonding?

Yes

No

If yes, please list the landfill and amount currently on deposit in the Trust Fund:

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|  |  |  |  |
| --- | --- | --- | --- |
| Contract | 9 of Residents | Annual Contract Amt. | Term of Contract |
| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |
| 4. |  |  |  |
| 5. |  |  |  |
| 6. |  |  |  |
| 7. |  |  |  |
| 8. |  |  |  |
| 9. |  |  |  |
| 10. |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Contract | 4 of Residents | Contract Amt. | Bond Amount | Term of Contract |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |
| 5. |  |  |  |  |

Bank name:

Address:

City/Stat/Zip:

Loan Officer:

Phone:

If yes, how many additional employees will be added?

If yes, Surety name:

Address:

City/Stat/Zip:

Phone:

**Hauling Performance Bond Requirements**

Please list all of the Municipal Hauling contracts currently being performed:

Please list all of the Municipal Hauling contracts you are requesting bonding for (please attach a copy of

the contract):

Will you have to purchase additional trucks and/or containers to perform the contract(s)

For which you are requesting bonding?

Yes

No

If yes, please provide the following information on your financing source for the additional equipment:

Do you plan to Purchase or

lease the additional equipment?

Will you have to add additional employees to perform the contract(s) for which you

are requesting bonding?

Yes

No

Do you currently have Performance Bonds written by any other Surety?

Yes

No

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Name of Company:

Dated this

By:

By:

Name:

Name:

Title:

Title:

Subscribed and sworn to before me this

This application consists of this instrument, the financial statement and all indemnity, security and trust

agreements signed by the applicant with regard to the bond or bonds hereby requested, such financial

statement and agreements being incorporated herein by reference.

In addition to routine verification of information pertinent to the bond applied for, if the application is by an

individual primarily for the benefit of corporation and the said application be also executed for the officers

of the corporation in a personal, not a corporate capacity, thereby acting as co-guarantor thereof, the

bonding company or its authorized representative may have an investigative consumer report made

including information bearing on the character, general reputation, personal characteristics or mode of

living of said individual(s), and, upon written request of said individual(s), will disclose in writing the

nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

In addition to the

information contained in this application, as well as the terms and conditions thereof,

applicant acknowledges that he has been advised that the surety or its authorized representative may, as

additional collateral, require life insurance on the principal or key employees with the authorized

representative and/or surety named as beneficiary. In case of death, said collateral shall be used to

indemnify the authorized representative and or surety against loss or expenses. If said collateral shall be

required, applicant agrees to allow its authorized representative to provide said life insurance, at applicant's

expense, if its authorized representative can do so at a reasonable cost.

The representations contained in this instrument, the financial statements and all other forms provided at

time of application, are warranted by the applicant to be true and correct under penalty of fraud. Such

representations are made as material inducements to be relied upon by the surety and its authorized

representative in issuing bond or bonds hereby requested.

day of

,20

day of

,20

Notary Public

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