

Be Wise!
Minimize RISK by Qualifying your Service Partner

Service Providers can make situations go ... Good or Bad

I. What to know to qualify a Contractor

1. Qualify for a Bid Bond
2. Establish a Surety Credit - (Bid and Performance Bonding) Performance bond is 0-250,000 at 3% 250,000 and up 3% and down depending on the total contract
 - a. Depending on financial qualifications, a Bid Bond should equal 5% of the face value of the bid along with a \$100.00 fee.
3. Inquire about the Principals of the Company
 - a. Investigate the credit of the Company
4. Business Banking Reference - Amount of Lines Of Credit
 - a. General requirements to establish a Surety Credit
 - Financial Statements
 - Current Work
 - Personal Financial Statements
 - Copies of Business/Personal Bank Statements that will verify cash balance
 - Resumes of Principal(s)
 - Copy of Bank Loan
 - Copy of Contractors License
 - Copy of Continuity Plan
5. Accounting Firm - Years with the Firm
6. Prior Bonding Amounts - Reasons for any bond refusals
7. Pending Lien- Owner or subsidiary involved in litigations, bankruptcy or receivership

II. Business Credit Reports -WHAT to get.... and HOW it Helps

1. Business background Information - Decide to whether to do business with a company
2. Comprehensive Financial Information-Assess business risk of extending terms and credit levels
3. Credit Risk - Avoid surprises from current customers when you review them for credit increases
4. Banking, trade and collection history-Know what to expect based on the business account's history
5. Past liens, judgments, business registrations and bankruptcies -Determine if you can make a confident credit decision or investigate for more detail
6. Uniform Commercial Code (UCC) filings- Determine your credit position relative to other creditor positions

III. Business Credit Scores Credit risk factors - Avoid Surprises!

Change orders that result from NO scope of work that Qualified the Proposal

1. Elements of Proper Scope of Work
 - What needs to be done?
 - Who will do what?
 - When it should be done
 - Where it should be done
 - How contract performance will be judged?
2. The CHANGE ORDER Business philosophy!
 - Ambiguous SOWs can lead to unsatisfactory performance, delays, litigations, and high costs, and CHANGE ORDERS!

IV. Associations Minimizing small business Risks associated with Service Providers

1. - Small business owners by definition are risk takers. However the DANGER is the RISK that is transferred to the association.
2. Emotional Buying=Higher Risk
 - Small business owners may be comfortable with a leap of faith and it seems to be a natural way of conducting risky business that somehow unknowingly transferred onto the association throughout the sales process. Emotional buying produces higher risks to the association.
3. A Proposal's 5 Key Elements
 1. Solution
 2. Benefactors
 3. Creditability
 4. Evidence
 5. Work Performance

V. Insurance

1. Liability - Vehicle Equipment
2. Worker's Compensation
 - Number of Exemptions and names of elected persons
3. Property Owned/Leased
4. Equipment Owned/Leased
5. Business Life Insurance
6. Pending Insurance Claims

VI. Communication

1. Unit Owner/Board Members and Managers
2. Property Manager
3. Project Management
 - a. References 5 years completed
4. Suppliers and Subcontractors
 - Need to contact at least 5
 - Need to pay suppliers on time
 - Qualifies a Cash Flow position
5. Engineering Firms
 - List 2 that are familiar with your companies work

VII. Safety.

CONTRACTOR APPLICATION

| | | |
|-----------------------------------|-----------------------|---|
| CARRIER | | |
| APPLICANT/INSURED | | |
| AGENT NAME | AGENCY | AGENT IDENTIFICATION NUMBER |
| YEARS EXPERIENCE IN THIS FIELD | YEARS UNDER THIS NAME | STATES WHERE OPERATING |
| Percentage Residential Homes Work | % | Percentage Condo/Townhouse & Apartment Work |
| Percentage Commercial Work | % | Percentage New Construction |
| Percentage Over Three Stories | % | Percentage Subcontracted to Others |

| | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Does applicant pull building permits as a general contractor?..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is a supervisor on the job site daily?..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is temporary/day labor used in any operations? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Will you allow others to use scaffolding you own, lease, or are responsible for?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Any excavation or trenching work performed?..... | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is documentation maintained that utilities are contacted to locate utility lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a secured bond line for commercial contracts?..... | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant lease or loan equipment to others?..... | <input type="checkbox"/> | <input type="checkbox"/> | |

If "Yes," describe.

Has the applicant ever been sued alleging faulty construction Yes No

If "Yes," explain.

In what field does the applicant specialize? _____

WORK THE INSURED IS CONTRACTED TO PERFORM FOR OTHERS

| | YES | NO |
|---|--------------------------|--------------------------|
| Does applicant have a written contract for all jobs?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant maintain a file on each job they acquire?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant review hold harmless/indemnity agreements before signing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant limit who may sign contracts containing hold harmless/indemnity agreements?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Does applicant involve the agent in reviewing hold harmless/indemnity agreements?..... | <input type="checkbox"/> | <input type="checkbox"/> |

WORK SUBCONTRACTED TO OTHERS

If work is subcontracted, what kind of work is subbed out? _____

| | YES | NO |
|--|--------------------------|--------------------------|
| File maintained for each sub?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificates of Insurance in file? | <input type="checkbox"/> | <input type="checkbox"/> |
| Certificates include products/completed operations?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Limits of liability required from subs:

| | | |
|-------------------------------|------------|-----------|
| PREMISES/OPERATIONS | OCCURRENCE | AGGREGATE |
| PRODUCTS/COMPLETED OPERATIONS | OCCURRENCE | AGGREGATE |

Does applicant require a hold harmless/indemnity agreement from all subs?..... Yes No

Secure a copy of hold harmless, if possible, for review.

Does applicant maintain current certificates of insurance and hold harmless/indemnity agreements on all contracts and have in place and reviewed prior to allowing subcontractor to perform any work? Yes No

Sample Contractor Questionnaire for Bonding

Name as Licensed: _____

Business Address _____

Business Phone _____ Fax _____

Type of entity CORPORATION SUBCHAPTER CORPORATION LIMITED LIABILITY COMPANY
 PARTNERSHIP JOINT VENTURE SOLE PROPRIETORSHIP

Type of construction: _____ Year this business started: _____

What percentage of your work is performed as a general contractor? _____ % , as a subcontractor _____ %

What percentage of your work do you typically sub to others? _____ % Do you bond your major subcontractors? _____

List construction license types held by the firm with license number and state: _____

| | YES | NO |
|---|--------------------------|--------------------------|
| ■ Is the company a subsidiary, parent, or holding company of any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has there been any change in the control of the company or any related entity in the past three years? ? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company ever failed to complete a contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any liens filed against the company's or related entity's projects? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are you involved in any litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Do you have a continuity plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| ■ Are any assets of the company or any indemnitor held in trust? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "YES" answers below; use additional pages if necessary.

The purpose of this questionnaire is to develop sufficient information to assist us in evaluating the contractor's qualifications so that we will be in a position to provide **MAXIMUM BONDING CAPACITY**. If additional space is needed, attach extra pages. Please be certain that all questions are answered completely. If you require assistance on any section of this questionnaire, please call your agent, or broker.

GENERAL UNDERWRITING REQUIREMENTS
WE REQUIRE THE FOLLOWING DOCUMENTS TO ESTABLISH SURETY CREDIT:

- Completed Contractor's Questionnaire.
- Financial statements (complete with schedules and footnotes) for your company prepared under generally accepted accounting principles as of the last three fiscal year ends.
- Current work in progress schedule, listing all projects and work to be completed.
- Personal financial statements of all principals concurrent with your company's most recent fiscal year end.
- Copies of Business/Personal Bank Statements that will verify cash balance.
- Resumes of principal(s) and key personnel.
- Limited Liability Company Articles and Operating Agreement.
- Copy of bank loan agreement specifying line of credit.
- Copy of contractor's license(s).
- Copies of Trust Agreements (if any assets of owners are held in Trusts).
- Copy of Continuity Plan.
- Bid/contract information if specific bond is needed at this time.

CONTRACTOR

Name as licensed: _____

Business Address _____

Business Phone (_____) _____ Fax (_____) _____

Type of entity: CORPORATION SUBCHAPTER S CORPORATION LIMITED LIABILITY COMPANY
 PARTNERSHIP JOINT VENTURE SOLE PROPRIETORSHIP

Type of construction: _____ Year this business started: _____

What percentage of your work is performed as a general contractor? _____ %, as a subcontractor _____ %.

What percentage of your work do you typically sub to others? _____ %. Do you bond your major subcontractors? _____

List construction license types held by firm with license number and state: _____

- | | YES | NO |
|--|--------------------------|--------------------------|
| <input type="checkbox"/> Is the company a subsidiary, parent, or holding company of any other company? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Has there been any change in the control of the company or any related entity in the past three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Has the company ever failed to complete a contract? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy, or been placed in receivership? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Are there any liens filed against the company's or related entity's projects? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Are you involved in any litigation? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Do you have a continuity plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> Are any assets of the company or any indemnitor held in trust? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all "YES" answers below; use additional pages if necessary.

What percentage of applicant's contracts have insured named as an additional insured under the subcontractor's Liability Policy? _____ %

How often does the insured use the same subcontractors?

- 75% or more of the time 50% or more of the time
 25% or more of the time less than 25% of the time

What length of time (use a range, i.e. 5-10 years) has the applicant used the same subcontractors? Range: _____ Years

JOB SITE PROTECTION

- | | | | | | |
|------------------------|--------------------------|--------------------------|------------------|--------------------------|--------------------------|
| | YES | NO | | YES | NO |
| Complete Fencing | <input type="checkbox"/> | <input type="checkbox"/> | Barricades | <input type="checkbox"/> | <input type="checkbox"/> |
| Warning Signs | <input type="checkbox"/> | <input type="checkbox"/> | Lighting | <input type="checkbox"/> | <input type="checkbox"/> |
| Security Guards | <input type="checkbox"/> | <input type="checkbox"/> | Guard Dogs | <input type="checkbox"/> | <input type="checkbox"/> |

ANNUAL RECEIPTS FOR THE LAST FIVE YEARS

| CURRENT YEAR | RECEIPTS |
|----------------------------|----------|
| 1 ST Prior Year | |
| 2 ND Prior Year | |
| 3 RD Prior Year | |
| 4 TH Prior year | |

HAS APPLICANT EVER BEEN INVOLVED IN ANY OF THE FOLLOWING OPERATIONS?
(either as a contractor or a subcontractor)

- | | | |
|---|--------------------------|--------------------------|
| | YES | NO |
| Asbestos installation or removal? | <input type="checkbox"/> | <input type="checkbox"/> |
| Automatic sprinkler/fire suppression systems installation/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Blasting | <input type="checkbox"/> | <input type="checkbox"/> |
| Bridge building repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Burglar/fire alarm installation/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Dam or levee construction/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Dock construction/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Demolition or wrecking | <input type="checkbox"/> | <input type="checkbox"/> |
| Flood control | <input type="checkbox"/> | <input type="checkbox"/> |
| Gas main construction/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Installation of Exterior Insulation and Finish Systems (also known as EIFS) | <input type="checkbox"/> | <input type="checkbox"/> |
| Landfill operations | <input type="checkbox"/> | <input type="checkbox"/> |
| Pollution cleanup | <input type="checkbox"/> | <input type="checkbox"/> |
| Power line construction | <input type="checkbox"/> | <input type="checkbox"/> |
| Railroad track construction/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Retaining walls/sea walls construction/repair | <input type="checkbox"/> | <input type="checkbox"/> |
| Tunnelling | <input type="checkbox"/> | <input type="checkbox"/> |
| Underground storage tank installation/repair | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any "Yes" answers:

Describe any discontinued operations:

| | Job Name | Location | Type of Job | Cost of Job |
|----|----------|----------|-------------|-------------|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |

X: FLDFS logo, photo of CFO Alex Sink, Florida State Seal

FLDFS HOME CONTACT US SEARCH BY SUBJECT HELP EN ESPAÑOL SEARCH FLDFS

Workers' Comp Home

Employer Detail Page

About Us

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Assessment Rates

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Benefit Delivery Process

| Employer Information | | | |
|----------------------|------------------------------|--------|--|
| Employer Name | SLEUTH PLUMBING TECHNOLOGIES | | |
| Address | | | |
| City | | | |
| State | Zip | County | |
| Employer Type | NAICS Code | | |

Centralized Performance System

Ch. 440 FL Statutes

Contact Us

Databases

Directory

District Offices

EDI

Frequent Questions

History

Memoranda/Bulletins

Publications

Related Links

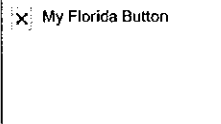
Rules & Forms

Safety

Statistics

What's New

| Coverage History | | | | |
|--|---------------------------|--------------------------|---------------|---------|
| <i>Click here for carrier location information</i> | | | | |
| Effective | Cancelled | Carrier Office | Policy Number | Wrap Up |
| Apr 1 2011 | no cancellation submitted | ZENITH INSURANCE COMPANY | Z048158110 | NO |
| Apr 1 2010 | Apr 1 2011 | ZENITH INSURANCE COMPANY | Z048158109 | NO |
| Apr 1 2009 | Apr 1 2010 | ZENITH INSURANCE COMPANY | Z048158108 | NO |
| Apr 1 2008 | Apr 1 2009 | ZENITH INSURANCE COMPANY | Z048158107 | NO |
| Apr 1 2007 | Apr 1 2008 | ZENITH INSURANCE COMPANY | Z048158106 | NO |
| Apr 1 2006 | Apr 1 2007 | ZENITH INSURANCE COMPANY | Z048158105 | NO |
| Apr 1 2005 | Apr 1 2006 | ZENITH INSURANCE COMPANY | Z048158104 | NO |
| Apr 1 2004 | Apr 1 2005 | ZENITH INSURANCE COMPANY | Z048158103 | NO |
| Apr 1 2003 | Apr 1 2004 | ZENITH INSURANCE COMPANY | Z048158102 | NO |
| Apr 1 2002 | Apr 1 2003 | ZENITH INSURANCE COMPANY | Z048158101 | NO |



No Officer Exemption of Coverage Listings

No Owner Election of Coverage Listings

No Additional Locations

| Employer Name History | | |
|------------------------------|-----------|-------------|
| Employer Name | Name Type | Change Date |
| SLEUTH PLUMBING TECHNOLOGIES | Legal | May 1 2002 |

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DIVISION OF WORKERS' COMPENSATION (800) 742-2214 or (850) 413-1601
 Florida Division of Workers' Compensation · 200 East Gaines Street · Tallahassee, Florida 32399-4228 · Legal Notices

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