

**WESTERN NATIONAL MUTUAL INSURANCE COMPANY (WNMIC)
Sub-Contractors and/or Material Supplier Questionnaire**

Bond # _____

Your return of a completed claims questionnaire is an extremely important part of WNMIC's claims investigation process. Your prompt completion of this document, and its return to WNMIC will directly impact WNMIC's ability to make a speedy determination regarding your claim.

Please answer the following questions and attach copies of pertinent and/or requested documents. If you need additional space, please continue on a separate page.

I. Preliminary Facts

Claimant:

Your Name: _____
Contact Person: _____
Address: _____

Phone No.: _____
Fax No.: _____
E-mail : _____
License No.: _____

Contractor ("Principal"):

Name: _____
Address: _____

Phone No: _____
Fax No: _____
E-Mail: _____
License No: _____
Related firms: _____

II. Loss Amounts

TOTAL AMOUNT OF YOUR CLAIM: \$ _____

Sub-Contractors Only:

Original Contract Amount: \$ _____
Total Change Order Amount: \$ _____
Total Amount Paid: \$ _____
Date of Contract: _____
Date of Loss: _____

Suppliers Only:

Date the materials were supplied: _____
Date payment became due: _____
Date payment became late: _____

III. Attachments

Please attach the following documents, if applicable:

- _____ A copy of your contract with the Principal
- _____ A copy of the contract between Principal and the project owner.
- _____ Proof that the materials were used on the project (i.e., Preliminary 20-Day Notice or signed delivery tickets).
- _____ A copy of any Mechanic's Lien(s) you have filed for the project(s) in question.
- _____ A copy of all invoices.
- _____ Proof Principal was paid on the project (copies of both sides of canceled checks).
- _____ Any other documents which you believe are relevant to your claim.
- _____ A copy of the credit application.
- _____ A copy of the complete account ledger.

If there is not enough room on the form to enter the information, please attach additional pages.

IV. Detailed Claims Information

1. Summarize the amounts presently due by invoice number, job, date and amount:

2. If known, identify each specific construction project or projects to which material and/or services were furnished.

3. Identify each project owner by name, address, and telephone number.

4. State whether the materials were picked up by the contractor or delivered to the job site. (**Note:** Please attach any documentation proving the contractor accepted delivery.)

5. If the contractor was acting as a subcontractor, please identify the general contractor by name, address and telephone number.

V. Detailed Claims Information

If you contend or have reason to believe that the contractor misapplied or “diverted” construction funds intended to pay your account, answer the following:

1. Identify the party or parties who made the payments to the contractor.

2. Describe in detail any information concerning payment which was conveyed to you by that party.

3. State the exact date of such payment(s).

4. State the exact amount of the payment(s).

5. State whether the contractor disputes any items, or has given you any other reason for not paying your invoices.

6. State whether the project owner disputes the quality or condition of any items, or contends that there was a delay in furnishing them to the construction project.

7. If you contend that the contractor “willfully and deliberately” misapplied construction funds, please state the facts upon which you base this belief.

VI. Informal Dispute Resolution

1. Describe all efforts you have made to resolve the past due payments directly with the contractor.

2. State whether either you or the contractor has offered to compromise, mediate or arbitrate the dispute, and state the response. If you are now willing to compromise, mediate or arbitrate, please so indicate.

3. State whether you have presented a claim to your own insurance carrier or to other sureties. If so, please attach copies of all correspondence with the insurance carrier or sureties.

4. State whether you have presented your claim to the Contractors’ State License Board. If so, please attach a copy of the completed Complaint Form, as well as any industry expert reports, citations or accusations resulting from your action.

5. State whether the contractor has made, or offered to make, partial payment or installment payments. If so, provide the details of the offer and whether any partial payments were actually made. If you entered into any form of written payment agreement, please attach. hereto.

Note: Please attach copies of cancelled checks or receipts which prove the contractor received and deposited payment.

VII. Litigation

1. Have you pursued any legal action against the contractor? _____

2. Please attach copies of all papers filed in the legal action, including any judgment.

_____ Copies Attached

3. State the title and case number of any lawsuits related to this claim.

4. State whether you presently have any right of recovery under a mechanic's lien or stop notice, or under a payment bond. If so, please describe:

VIII. Final Document Checklist

While we have asked you to attach documents in the preceding sections of this Questionnaire, the following checklist will assist you in gathering any additional documentation that you may have not attached to the Questionnaire, but is nonetheless important to the surety's investigation of your claim. It is not necessary to re-submit items previously sent. It is very important, however, to submit all documents in your possession or available to you. Please check the items you are enclosing with the Claims Questionnaire:

- _____ All Invoices and delivery tags, if applicable.
- _____ All of your correspondence and records of communications with the contractor.
- _____ All of your correspondence and records of communications with persons (such as owners, lenders, etc.) who made payments to the contractor which should have been used to pay your account.
- _____ Any personal notes, diaries or summaries.
- _____ Copies of any preliminary lien notices, mechanic's liens, stop notices or payment bond claims.
- _____ Copies of any complaint by the Contractor's State License Board.
- _____ Copies of any bankruptcy notices the Principal may have filed naming you as a creditor.
- _____ Copies of any court papers and/or judgments.
- _____ Any other documents which you believe are relevant to your claim.

PLEASE NOTE: "Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties."

CERTIFICATION

The undersigned represents that he/she has read the entire foregoing Claims Questionnaire, including Document Checklist. The responses to this Questionnaire and attached documents are the basis for a claim for payment of money under the terms and provisions of Nevada law. The undersigned hereby declares, under penalty of perjury, that the responses are true, complete and correct.

DATED: _____, 20__

(Signature of Claimant/Declarant)