

## The Grayhawk Companies

1740 N Collins Blvd., Ste 200, Richardson, TX 75093  
 Phone: 972-671-9105 Fax: 972-671-9804

### STOCKHOLDER WORKSHEET

It is very important this form in executed as completely and as accurately as possible. Several forms we complete will rely on this information. If it is not complete or correct, it may cause you additional paperwork.

1. Company Name (What name(s) you will be bidding jobs in): \_\_\_\_\_  
 \_\_\_\_\_

2. Company is:    \_\_\_ Sole Proprietorship           \_\_\_ Corporation           \_\_\_ Partnership

3. Principal Information (Please list the full legal name of all Stockholders and their Spouses):

• Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is Indemnity Available?: \_\_\_ Yes \_\_\_ No

\_\_\_ President \_\_\_ Vice President \_\_\_ Secretary \_\_\_ Treasurer Percent of Ownership: \_\_\_\_\_

Life Insurance: Company \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amt \$ \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ \_\_\_ Married \_\_\_ Single \_\_\_ Separated

Spouses Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is Indemnity Available?: \_\_\_ Yes \_\_\_ No

\_\_\_ President \_\_\_ Vice President \_\_\_ Secretary \_\_\_ Treasurer Percent of Ownership: \_\_\_\_\_

Life Insurance: Company \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amt \$ \_\_\_\_\_

• Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is Indemnity Available?: \_\_\_ Yes \_\_\_ No

\_\_\_ President \_\_\_ Vice President \_\_\_ Secretary \_\_\_ Treasurer Percent of Ownership: \_\_\_\_\_

Life Insurance: Company \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amt \$ \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ \_\_\_ Married \_\_\_ Single \_\_\_ Separated

Spouses Full Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Is Indemnity Available?: \_\_\_ Yes \_\_\_ No

\_\_\_ President \_\_\_ Vice President \_\_\_ Secretary \_\_\_ Treasurer Percent of Ownership: \_\_\_\_\_

Life Insurance: Company \_\_\_\_\_ Beneficiary \_\_\_\_\_ Amt \$ \_\_\_\_\_

4. List any additional companies the indemnitors have an ownership or interest in:

Firm Name & Location	% Ownership	Type of Business
1.		
2.		
3.		
4.		