

**CONTRACTOR QUESTIONNAIRE**

DATE \_\_\_\_\_

1. Name of Firm \_\_\_\_\_

2. Address: \_\_\_\_\_  
\_\_\_\_\_

3. Phone: \_\_\_\_\_ 4. Fax: \_\_\_\_\_ 5. Contact Person / Title \_\_\_\_\_

6. Contracting Specialty \_\_\_\_\_ 7. Area of Operation \_\_\_\_\_ 8. Year Business Started \_\_\_\_\_

9. State of Incorporation \_\_\_\_\_ 10. Type of Business: Corp \_\_\_\_\_ Part \_\_\_\_\_ Prop. \_\_\_\_\_ Sub S Corp \_\_\_\_\_

11. D&B # \_\_\_\_\_ 12. Is Your Firm Union \_\_\_\_\_ Non-Union \_\_\_\_\_

13. List the corporate officers, partners or proprietors of your firm (active and inactive) and attach current resumes:

	Name	Yr. of Birth	Position	Percent Owned	Spouse	SS#
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____

14. Will the above individuals and spouses personally indemnify Surety? Yes  No  If no, explain: \_\_\_\_\_

15. Is there a buy/sell agreement among the owners of the business? Yes  No

16. Is this agreement funded by life insurance? Yes  No

17. Corporate Indemnity? Yes  No  18. Cross Corporate Indemnity? Yes  No

19. How many people does your firm employ? \_\_\_\_\_ 20. How many work crews? \_\_\_\_\_

21. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes  No  If Yes, Please explain: \_\_\_\_\_

22. Is your firm or any of its owners or officers currently involved in any litigation? Yes  No

If Yes, please explain: \_\_\_\_\_

23. What percentage of the firm's work is normally for: Government Agencies: \_\_\_\_\_ % Private Owners: \_\_\_\_\_ %

24. What percentage of the firm's work is normally subcontracted? \_\_\_\_\_ %

25. Are bonds required of subcontractors? Yes  No

26. What trades do you normally subcontract? \_\_\_\_\_

27. What is the largest amount of uncompleted work on hand at any one time in the past?

Amount \$ \_\_\_\_\_ Year: \_\_\_\_\_

28. What is the largest job you expect to do during the next year? \$ \_\_\_\_\_ Bonded \$ \_\_\_\_\_

29. What is the largest uncompleted work program expected during the next year? \$ \_\_\_\_\_ % Bonded \_\_\_\_\_

30. What is your expected annual volume next year? \_\_\_\_\_

31. What trades do you normally undertake with your own forces? \_\_\_\_\_

32. Do you lease equipment? Yes  No

33. What are the terms of the lease? \_\_\_\_\_

34. Expenditures since last statement \$ \_\_\_\_\_ Anticipated Expenditure \$ \_\_\_\_\_

35. Name of your CPA: \_\_\_\_\_

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

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Contact Person \_\_\_\_\_ # of Years \_\_\_\_\_

36. On what basis are taxes paid? Cash  Completed Job  Accrual  % of Completion

37. On what basis are financial statements prepared? Cash  Completed Job  Accrual  % of Completion

38. On what level of assurance are financial statements prepared? CPA  Audit  Review  Compilation

39. How often are financial statements prepared? Annually  Semi-annually  Quarterly  Monthly

40. Do you have a full time accountant on staff? Yes  No  41. Name: \_\_\_\_\_

42. Years: \_\_\_\_\_

43. Are job cost records kept? Yes  No  44. How often reviewed \_\_\_\_\_

45. How often updated? \_\_\_\_\_ 46. Do they show job detail? Yes  No

47. Name of your Bank: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Contact Person \_\_\_\_\_

48. Amount of Line of Credit? \$ \_\_\_\_\_ 49. Expiration Date \_\_\_\_\_ 50. Interest Rate% \_\_\_\_\_

51. UCC Filing? Yes  No  52. How is credit secured? \_\_\_\_\_

53. Previous Bonding Companies:

Name/ Phone	Reason for Leaving	Outstanding Liability
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____

54. List five (5) of your largest contracts:

Job Name	Contract Price	Gross Profit	Completion Date
A. _____	\$ _____	\$ _____	_____
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. _____	\$ _____	\$ _____	_____
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. _____	\$ _____	\$ _____	_____
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. _____	\$ _____	\$ _____	_____
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. _____	\$ _____	\$ _____	_____
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>

55. List five of your major suppliers:

	<b>Name</b>	<b>Address</b>	<b>Phone #</b>	<b>Contact Person</b>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

56. List five subcontractors (or contractors if you a subcontractor) that you do business with:

A.	Name: _____	Contact: _____
	Address: _____	Phone: _____
	Job: _____	
B.	Name: _____	Contact: _____
	Address: _____	Phone: _____
	Job: _____	
C.	Name: _____	Contact: _____
	Address: _____	Phone: _____
	Job: _____	
D.	Name: _____	Contact: _____
	Address: _____	Phone: _____
	Job: _____	
E.	Name: _____	Contact: _____
	Address: _____	Phone: _____
	Job: _____	

57. List key personnel, foreman or supervisors:

	<b>Name</b>	<b>Position</b>	<b>Birth Date</b>	<b>Years Experience</b>	<b>Previous Employ</b>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

58. List any life insurance in effect on key personnel:

	<b>Name</b>	<b>Beneficiary Amount</b>	<b>Cash Value</b>
A.	Insurance Company _____	_____	_____
B.	Insurance Company _____	_____	_____
C.	Insurance Company _____	_____	_____

59. List other insurance coverage currently in effect: Attach Current Insurance Certificate.

	BI	PD	Carrier	Expiration Date
A. General Liability	\$ _____	\$ _____	_____	_____
B. Auto Liability	\$ _____	\$ _____	_____	_____
C. Umbrella	\$ _____	\$ _____	_____	_____
D. Owners Protection	\$ _____	\$ _____	_____	_____
E. Other Coverage	\$ _____	\$ _____	_____	_____

60. List any subsidiaries, affiliated companies and/or predecessor companies in which this firm or its Stockholders have an interest and/or indemnify/guarantee for:

	Firm Name/Address	Ownership	Type of Business
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

A. All questions must be answered fully

B. The company reserves the right to decline this application and to decline to issue final bonds even though a Bid Bond may have been issued and to withhold reason for such declination, as all information thereto is regarded as confidential.

C. In all cases, this application must be signed below.

Completed by: \_\_\_\_\_ Agent: \_\_\_\_\_

Name & Title: \_\_\_\_\_ Address: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please attach the following documents:

- 3 years of corporate financial statements
- Current personal financial statements for all owners
- Bank reference letter
- Insurance certificate

- Work on hand schedule
- Receivable & Payable aging report
- Resumes for key personnel