

CONTRACTOR'S QUESTIONNAIRE

COMPANY BACKGROUND

Company Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Mailing Address (if different): _____

Phone: _____ Fax: _____ Email Address: _____

Contact Person: _____ Title: _____ FEIN: _____

Year Business Started: _____ # of years under current mgmt. _____

State of Incorporation: _____ Type of Business: Corp Partnership Prop. Sub S Corp LLC

List the corporate officer; partners, proprietors of your firm (attach resumes):

Name	DOB	Position Responsibilities	Percent Ownership	SSN	Spouse Name / SS#
A. _____					
B. _____					
C. _____					
D. _____					
E. _____					

Will the above individuals and spouses personally indemnify Surety? Yes No

COMPANY OPERATIONS

Type of Construction engaged in:

General Construction

Electrical

Sewer

Roofing

Masonry

HVAC

Excavating

Water Lines

Painting

Manufacturing

Plumbing

Concrete

Paving

Bridge Work

Other: _____

Geographical Area: _____

List all state contractor's licenses held by your company: _____

Percentage of work done as: Prime: _____ % Bonded: _____ %

 Sub: _____ % Unbonded: _____ %

Largest Completed Job: Bonded: _____ Unbonded: _____

What % of work is done for: Government Agencies: _____ % Private Owners: _____ %

What % of your work is normally subcontracted: _____ %

What precautions are taken with subcontractors? Pre-Qualification Bonds Joint Checks Other: _____

What trades to you normally subcontract out? _____

What trades do you normally undertake with your own forces? _____

What is the largest amount of uncompleted work on hand in the past (approximate cost to complete):

Amount: _____ Date: _____

What is the largest job anticipated in the next year? _____

What is the largest anticipated work on hand in the next year? _____

What will your annual sales volume be for the current fiscal year? _____ Next year? _____

What single size project do you feel your company best qualified to handle? _____

JOB HISTORY

Owner:	Date Completed:	Contract amount:
Contact & Phone #		
Description of Job	Bonded? Yes/No	Gross Profit:

Owner:	Date Completed:	Contract amount:
Contact & Phone #		
Description of Job	Bonded? Yes/No	Gross Profit:

Owner:	Date Completed:	Contract amount:
Contact & Phone #		
Description of Job	Bonded? Yes/No	Gross Profit:

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Owner:	Date Completed:	Contract amount:
Contact & Phone #		
Description of Job	Bonded? Yes/No	Gross Profit:

CREDIT REFERNECES

List your five major suppliers:

	Name	Telephone #	Credit Limit
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

List four subcontractor references (or contractors if you are a subcontractor):

	Name	Type of Contractor	Contact	Phone #
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

List three architects/engineers you have worked with:

	Firm Name	Contact	Phone #	Project Name
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

CONTINUITY

Is there a buy-sell agreement in place? Yes No (if yes, attach copy)
 Is this agreement funded by life insurance? Yes No
 How many employees does your firm employ? _____ How many work crews? _____

List any life insurance in place on key personnel:

	Insured	Beneficiary	Face Amount	Cash Value	Insurance Co.
1.	_____				
2.	_____				
3.	_____				

***Please attach a copy of your current Certificate of Insurance for your business insurance.

ACCOUNTING

Name of your CPA: _____

Address: _____

Contact Person: _____ Phone Number: _____

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

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

On what level of assurance are financial statements prepared? In-House Audit Review Compilation

How often are financial statements prepared by a CPA? Annually Semi-Annually Quarterly Monthly

How often are financial statements prepared internally? Annually Semi-Annually Quarterly Monthly

Do you have a full-time accountant on staff? Yes No Years of Experience: _____

What accounting software is used? _____

What estimating/job costing software is used? _____

Are job records kept? _____ How often are they reviewed? _____ How often are they updated? _____

BANKING

Name of Bank: _____

Address: _____

Contact Person: _____ Phone Number: _____

Line of Credit Amount: \$ _____ Renewal Date: _____

Interest Rate: _____ % Security/Collateral Held: _____ UCC Filing? Y N

Account Number: _____

HISTORY

Has your firm or any of its principals ever:

- | | | | | | |
|---|-----|----|-------------------------------|-----|----|
| 1. Failed to pay an undisputed debt? | Yes | No | 2. Petitioned for Bankruptcy? | Yes | No |
| 3. Defaulted so as to cause a loss to a Surety? | Yes | No | 4. Had a tax lien? | Yes | No |

If yes to any, please explain: _____

Is your firm or any of its officers involved in litigation? _____

If successor to prior business, name of predecessor: _____

List any subsidiaries or affiliates of the parent firm:

<i>Firm Name</i>	<i>Type of Operation</i>	<i>Ownership %</i>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Previous bonding relationships:

<i>Surety</i>	<i>Agency</i>
1. _____	_____
<i>Reason for Leaving</i>	_____
_____	_____

Other Remarks/Comments:

ACKNOWLEDGEMENT

The undersigned hereby represents that all information given in the questionnaire is true and authorizes my bank, creditor or other reference to verify the validity of this information

Signed: _____

Title: _____

Date: _____