



CONTRACTOR QUESTIONNAIRE

This form must be completed in its entirety, signed, and dated by the applicant.

- 1. Name of firm: _____
- 2. Address: _____
- 3. Phone: (____) _____ Fax: (____) _____
- 4. Type of Contracting/Specialty: _____
- 5. Email: _____ Web Site: _____
- 6. Type of Business: Proprietorship _____ Partnership _____ Corporation _____ Sub S Corporation _____
- 7. Date Business Started: _____ 8. Date Incorporated: _____ 9. Federal I.D. #: _____
- 10. Operating Territory: _____ 11. Union _____ Non-Union _____
- 12. Name of Predecessor Company: _____
- 13. What happened to Predecessor? _____

14. List any subsidiaries and/or affiliates of the firm:

	<u>Name</u>	<u>Relationship</u>	<u>Type of Business</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

15. List the corporate officers, stockholders, partners, or proprietors of your firm:

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

If no, please explain: _____

17. Have any assets of the Corporation been transferred into a trust(s)? Yes _____ No _____

If you have answered affirmatively provide the name, address and EIN of the trust together with the name and address of the trustee. Also attach a copy of the trust to this questionnaire.

18. Provide the following information for all personal indemnitors:

	<u>Home Address</u>	<u>Social Security Number</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____
D.	_____	_____
E.	_____	_____

19. Have any assets of the named indemnitor been transferred into a trust(s)? Yes ___ No ___

If you have answered affirmatively provide the name, address and EIN of the trust together with the name and address of the trustee. Also attach a copy of the trust to this questionnaire.

20. Does your company or any of its principals engage in real estate investment or development? Yes ___ No ___

If yes, please explain: _____

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

22. Is this agreement funded by life insurance? Yes ___ No ___

23. List key personnel, foreman or supervisors other than those mentioned in Question 15:

	<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Years Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

	<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A.	_____	_____	\$ _____	\$ _____
	Insurance Co. _____			
B.	_____	_____	\$ _____	\$ _____
	Insurance Co. _____			



C. _____ \$ _____

Insurance Co. _____

25. How many people does your firm employ? _____ 26. How many work crews? _____

27. Has your firm or any of its principals ever petitioned for personal or corporate bankruptcy or failed in business? Yes ___ No ___ If yes, please explain: _____

28. Have claims been made to any bonding company on your behalf? Yes ___ No ___

If yes, please explain: _____

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

If yes, please explain: _____

30. Previous Bonding Companies:

Name	Reasons for Leaving
A. _____	_____
B. _____	_____
C. _____	_____

31. Does your present bonding company hold any collateral? Yes ___ No ___

32. Type/Amount: _____

33. What was your firm's largest bonded job?

Owner: _____ Contact Person: _____

Phone: () _____ Contact Price: \$ _____ Date Completed: _____

Job Description: _____

34. What percentage of your firm's contracts is normally for: Public Work ___% Private Work ___%

35. What percentage of your firm's work is normally subcontracted? _____%

36. Are bonds required of subs? Yes ___ No ___ If no, why not? _____

37. What trades do you normally subcontract? _____

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

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

Amount: \$ _____ Year: _____

40. Do you lease equipment? Yes ___ No ___ 41. Type of lease: _____



42. Name of your Accounting Firm: _____

Address: _____ Phone: () _____

Contact Person: _____ Fiscal Year End: _____

43. On what basis are taxes paid? Cash___ Completed Job__ Accrual___% Completion_____

44. On what basis are financial statements prepared? Cash___ Completed Job___ Accrual_____%
Completion_____

45. On what level of assurance are financial statement prepared? Audit___ Review___ Compilation___

46. How often are financial statements prepared? Annually___ Semi-Annually___ Quarterly___ Monthly___

47. Name of your Bank: _____

Address: _____

Contact Person: _____

48. Line of Credit: \$_____ 49. Expiration:_____ 50. How is Credit Secured?_____

51. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Fax</u>	<u>Contact</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

52. List five of your largest contracts:

A. Owner: _____ Contact Person: _____
 Phone: () _____ Fax: () _____ Contact Price: \$ _____ Date Completed: _____
 Job Description: _____

B. Owner: _____ Contact Person: _____
 Phone: () _____ Fax: () _____ Contact Price: \$ _____ Date Completed: _____
 Job Description: _____



C. Owner: _____ Contact Person: _____
 Phone: () _____ Fax: () _____ Contact Price: \$ _____ Date Completed: _____
 Job Description: _____

D. Owner: _____ Contact Person: _____
 Phone: () _____ Fax: () _____ Contact Price: \$ _____ Date Completed: _____
 Job Description: _____

E. Owner: _____ Contact Person: _____
 Phone: () _____ Fax: () _____ Contact Price: \$ _____ Date Completed: _____
 Job Description: _____

53. List other insurance coverages currently in effect:

	<u>BI</u>	<u>PD</u>	<u>Carrier</u>	<u>Expiration Date</u>
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protections:	\$ _____	\$ _____	_____	_____

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 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.

Prepared by: _____ Date: _____

 Signature of Applicant Date: _____

