

Contractor Questionnaire

CONFIDENTIAL

We welcome the opportunity to secure bonding credit for you. **Every question is important; please answer each one.**

Business Name	_____		
Address	_____		
City	County	State	Zip Code
Telephone #	Fax #	Federal Tax ID #	
Name of Contact	_____		Title

General Information

Business Structure: Corporation Partnership Proprietorship Sub Chapter S Corporation

Type of Construction Union Non-Union

Performed: _____

Geographical Area of Operation: _____

Licensed to do Business in the following States: _____

How many employees? Field? _____ (How many work crews? _____) Office? _____

Our contracts are with: General Contractors _____ Directly with owner _____ Subcontractors _____ %

What trades do you perform? _____

Percentage of work normally subcontracted to others: _____ What trades are subcontracted? _____

When do you secure subcontract bonds? _____

Do you ever engage in Joint Venture contracts? Yes No

How often are you required to provide bonds? Frequently Occasionally Rarely

Date when last performance bond was provided: _____

History

Date Business Established _____ Date of Incorporation: _____ State of Incorporation _____

Name of Predecessor Company: _____

When did current management assume control? _____

Organization/Owners and Key Employees

List all officers and owners.

1	Name, Home Address (include City & State)	Position	% Stock	Year of Birth	Citizenship
1			%		
2			%		
3			%		
4			%		
5			%		

1	Years of Experience Here Other	Social Security #	Home Phone #	Spouse' Name
1			()	
2			()	
3			()	
4			()	
5			()	

Are the owners personally involved in this business? Yes No

Are any of the officers, stockholders, owners or any companies that they have a financial interest in currently engaged in or expected to engage in any form of real estate investment, development, building or any other form of speculative venture? Yes No If yes, describe:

In addition to contracting, what other business activities are you engaged in or intend to engage in? _____

Parent, Affiliates and/or Subsidiary Companies

List all subsidiaries, affiliates and/or predecessor companies in which this firm or its stockholders have an interest in and/or indemnify or guarantee for:

Name	Location	Owned By	Scope of Operations

Continuity/Job Completion

Is there a formal Buy-Sell Agreement in place? Yes No

If yes, attach a copy. How is the Buy-Sell Agreement funded? _____ Who is the Buy-Sell between? _____

If no Buy-Sell is in effect, is a Will in effect which addresses how ownership is to change? Yes No

If yes, please explain: _____

What arrangements have been made to assure contracts are completed in the event of the death or disability of the owner(s)?

What incentives are given to the key employees to follow through (bonuses, profit sharing, etc.)? _____

Bank

Name/Address	With Since	Name of Loan Officer	Telephone #
			()

Working Line of Credit: \$ _____ Expiration Date: _____ Amount of Working Line of Credit Currently in Use? \$ _____

Security for working line of credit:

- Unsecured Accounts Receivable Inventory Personal Endorsement
- Contract Rights Equipment Real Estate

Job Experience

Largest Single Job Completed in the last 5 years: \$ _____ Year _____

Largest Amount of Uncompleted Work: \$ _____ Year _____

Largest Single Job Ever Completed: \$ _____ Year _____

Largest Amount of Uncompleted Work Ever Contemplated: \$ _____ Year _____

Average Single Job: \$ _____ Average Amount of Uncompleted Work: \$ _____

Bond Line Desired: Single Job: \$ _____ Total Amount of Uncompleted Work: \$ _____

List the five largest jobs completed in the last five years:

Job Description:	
Contract was with:	
Address	Telephone #: ()
Contract Price	Amount of Profit:
Year Completed	Name of Surety:
Architect/Engineer:	
Address	Telephone #: ()

Job Description:	
Contract was with:	
Address	Telephone #: ()
Contract Price	Amount of Profit:
Year Completed	Name of Surety:
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Contract was with:	
Address	Telephone #: ()
Contract Price	Amount of Profit:
Year Completed	Name of Surety:
Architect/Engineer:	
Address	Telephone #: ()

References

List your five major suppliers/subcontractors:

Name/Address	Phone #	Contact
1		
2		
3		
4		
5		

Accounting and Financial Reporting

Name & Address (include City & State) of Accounting Firm	Name of Accountant	Telephone #

This Accounting Firm is: CPA Public Accountant Independent Internal Other _____

How many years has this firm prepared your financial statements? _____ Tax Returns? _____

Date of Your Fiscal Year-End: _____

Do you have a full time accountant on staff? Yes No

If, yes name of staff accountant: _____ Employed for (# years) _____

What year was your last IRS audit _____ Results: _____

Have your operations been profitable since the last statement date? Yes No

Since the last statement date, have there been any major changes in your financial condition such as changes in ownership, major loans or refinancing, major equipment purchases or leases, withdrawals or other? Yes No

If yes, please explain: _____

Life Insurance/Corporation as Beneficiary

Name of Insured	Amount	Insurance Company

Other Insurance Data

	Insurance Company	Policy Expiration Date
General Liability Insurance		
Pollution Liability Insurance (if applicable)		
Worker's Compensation Insurance		
Professional Liability Insurance		

Bonding Information

Name of Prior Sureties _____

Name and address of Present Surety _____

How long have you been with your present Surety? _____ Reason for changing? _____

As an inducement for bonding, are you currently providing: Personal Indemnities Additional Corporate Indemnities Collateral

Are all owners and their spouse(s) willing to personally indemnify the surety? Yes No

Have you been turned down by your present or prior surety? If yes, please attach an explanation. Yes No

Has your company or any officer or any partner ever caused a loss to a surety? If yes, please attach an explanation. Yes No

Attorney

Name & Address (include City & State) of Law Firm	Name of Attorney	Telephone #
		()

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

If yes, please have the attorney, on his/her letterhead; briefly explain the nature of the litigation and its current status.

Suits/Judgments/Defaults and Contingent Liabilities

Has your company or any officer or any partner ever filed bankruptcy or otherwise compromised with your creditors? Yes No

Has your company ever failed to qualify for a bond after an award? Yes No

Has your company ever failed to complete a contract? Yes No

Have any Mechanics Liens been filed on your work? Yes No

Has your bond credit ever been terminated by a surety? Yes No

Is your company, any affiliate, any subsidiary, or any other company you now own or did own in a Surety's Claim Department? Yes No

Are you acting as surety or bondsman for others? Yes No

Are you acting as endorsers for others on their notes or accounts? Yes No

Does your company or any officer or partner owe any money to a bonding company? Yes No

Are Federal, State and Local taxes for your company and all officers or partners current? Yes No

Has your company, or any officer or partner, ever required any financial assistance or borrowed any money from a bonding company? Yes No

This application consists of this instrument, the financial statement(s) and all indemnity, security and trust agreements signed by the applicant with regard to the bond(s) requested, such financial statement and agreements being incorporated herein by reference. In addition to routing verification of information pertinent to the bond(s) applied for, if the application is by an individual primarily for the benefit of a corporation and the said application is also executed for the officers of the corporation in a personal, not a corporate capacity, thereby acting a co-guarantor thereof, the bonding company or its authorized representative may have an investigative consumer report made including information bearing on the character, general reputation, personal characteristics or mode of living of said individual(s), and, upon written request of said individual(s), will disclose in writing the nature and scope of the investigation requested, if such investigative consumer report is in fact secured.

The representations contained in this instrument, the financial statements and all other forms provided are warranted by the applicant to be true. Such- representations are made as material inducements to be relied upon by the surety and its authorized representative in issuing bond(s) requested.

Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is subject to criminal and civil penalties and is guilty of a felony of the third degree.

DATE SIGNED _____

Name of Firm

Subscribed and sworn before me this

____ Day of _____ 20 ____

X

Signature (If corporation, signature of Secretary & President)

SEAL

Notary Public

Name and Title

(6/03)