



Contractors Questionnaire

Background

Company Name: _____

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

Mailing Address (If different): _____

Phone: _____ Fax: _____ Email Address: _____

Contact Person: _____ Title: _____ FEIN: _____

Year Business Started: _____ No. of Years under current management: _____

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

Primary NAICS CODES: _____ DUNS Number: _____

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

Name	DOB	Position/ Responsibilities	Percent of Ownership	Years of Experience	SSN	Spouse
A. _____						
B. _____						
C. _____						
D. _____						
E. _____						

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

Business Plan

Type of Construction engaged in:

- General Construction Electrical Sewer Roofing Masonry
- HVAC Excavating Water Lines Painting Manufacturing
- Plumbing Concrete Paving Bridge Work

Geographical Area: _____

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

Bonded: _____% Unbonded: _____%

Largest Completed Job: Bonded _____ Unbonded: _____

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

What percentage of work is normally subcontracted: _____%

What precautions are taken with subcontractors?

- Pre- qualifications
- Bonds
- Joint Checks
- Other: _____

What trades do you normally subcontract out? _____

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

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

Work History

Five Largest / Most important Completed Projects in the past five years:

Owner, Address, Contact, & Phone	Date Completed	Contract Amount	Description of Job & Contract	Bonded	Gross Profit
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

Credit References

List your six major suppliers:

Name	Address	Telephone #	Credit Line
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____
F.	_____	_____	_____

List four subcontractor references if you are a subcontractor:

Name	Type of Contractor	Contact	Phone Number	Last Project
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

List four Architects/Engineers you have worked with:

Firm Name	Address	Contact	Phone Number	Project Name
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____

Business Operation

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 do your Firm Employ: _____ How many work crews? _____

List any life insurance in place on key personnel:

A. _____

B. _____

C. _____

What is your workers compensation modifier for the past three years? _____

(Attach copy of current certificate of insurance.)

Accounting

Name of your CPA: _____

Address: _____

Contact Person: _____

On what basis are Taxes paid? Cash Complete 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? CPA 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? Yes No How often are they updated: _____

How often are they reviewed: _____

Bank

Name of Bank: _____

Address: _____

Contact Person: _____ Phone Number: _____

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

What Interest rate: _____ % Security/Collateral held: _____ UCC filing? Yes No

Account Number: _____

History

Has your firm or any its principle(s) ever:

Failed to pay an undisputed debt? Yes No Petitioned for bankruptcy Yes No

Defaulted so as to cause a loss to a Surety? Yes No Had a Tax Lien? Yes No

If yes to any, please explain: _____

Is any of your firm officers involved in litigation? Yes No

If "yes" please explain: _____

List any subsidiaries or affiliates of the parent firm:

<u>Firm Name</u>	<u>Type of Operation</u>	<u>Ownership</u>
A. _____		
B. _____		
C. _____		

Previous bonding relationships:

<u>Surety</u>	<u>Agency</u>	<u>Reason for Leaving</u>
A. _____		
B. _____		
C. _____		

Other Remarks/Comments

The undersigned hereby represents that all information given in this questionnaire is true and authorizes any bank, creditor or other reference of this information.

Sign: _____

Title: _____

Date: _____