



CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____
2. Address: _____ 3. Fiscal Yr. End: _____
4. Phone: () _____ 5. Contracting Specialty: _____
6. Contact Person: _____ 7. Title: _____
8. Year Business Started: _____ 9. Type of Business: Corp. Part. Prop. Sub. S. Corp. LLC
10. State of Incorporation: _____ 11. Area of Operation: _____

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

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

13. Will the above individuals and spouses personally indemnify Surety? Yes No
If no, explain: _____
14. Is there a buy/sell agreement among the owners of the business? Yes No
15. Is this agreement funded by life insurance? Yes No
16. How many people does your firm employ? _____ 17. How many work crews? _____
18. 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
19. Is your firm or any of its owners or officers currently involved in any litigation? Yes No
If yes, explain: _____
20. What percentage of the firm's work is normally for: Government Agencies: _____% Private Owners: _____%
21. What percentage of the firm's work is normally subcontracted: _____%
22. Are bonds required of subcontractors? Yes No
23. What trades do you normally subcontract? _____
24. What is largest amount of uncompleted work on hand at one time in the past? Amount: \$_____ Year: _____
25. What is the largest job you expect to do during the next year? \$_____
26. What is the largest uncompleted work program expected during the next year? _____

27. What is your expected annual volume next year? \$ _____

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

29. Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

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

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

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

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

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

35. Are job cost records kept? Yes No 36. How often reviewed? _____

37. How often updated? _____ 38. Do they show job detail? Yes No

39. Name of your bank: _____

Address: _____

Phone: _____ Contact Person: _____

40. Amount of line of credit: \$ _____ 41. Expiration date: _____ 42. What is interest rate? _____%

43. UCC Filing? Yes No

44. How is credit secured? _____

45. Is your firm union? Yes No

46. Previous bonding companies:

	<u>Name</u>	<u>Reason for leaving</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

47. List five of your largest contracts:

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

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

48. List three subcontractors (or contractors if you are a subcontractor) that you do business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

49. List three Architects you have done business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

50. List key personnel, foremen or supervisors:

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____

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

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

52. List other insurance coverage currently in effect:

	Limits in '000's			
	<u>BI</u>	<u>PD</u>	<u>Carrier</u>	<u>Expiration Date</u>
A. General Liability	\$ _____	\$ _____	_____	_____
B. Auto Liability	\$ _____	\$ _____	_____	_____
C. Umbrella	\$ _____	\$ _____	_____	_____
D. Owner's Protection	\$ _____	\$ _____	_____	_____

53. List any subsidiaries and affiliates of the contracting firm:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type Business</u>
A.	_____	_____	_____
B.	_____	_____	_____

REMARKS: _____

Completed by: _____

Title: _____

Date: _____

Required E-mail: _____