



**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: \_\_\_\_\_

