

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____ Tax I.D. #: _____
Fiscal
2. Address: _____ 3. Yr. End _____
(city) (state) (zip)
4. Phone: (____) _____
5. Fax: (____) _____ 6. Email _____ 7. Contact: _____
8. Contracting Specialty: _____
9. Year Business Started: _____ 10. Type Business: Corp. Part. Prop. Sub.S.Corp Other
11. State of Incorporation: _____ 12. Area(s) of Operation _____
13. List the corporate officers, partners or proprietors of your firm:

	<u>Name</u>	<u>Date of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____ %	_____
	<small>(home address, city-state-zip)</small>			<small>(phone)</small>	<small>(soc. sec. no.)</small>
B.	_____	_____	_____	_____ %	_____
	<small>(home address, city-state-zip)</small>			<small>(phone)</small>	<small>(soc. sec. no.)</small>
C.	_____	_____	_____	_____ %	_____
	<small>(home address, city-state-zip)</small>			<small>(phone)</small>	<small>(soc. sec. no.)</small>
D.	_____	_____	_____	_____ %	_____
	<small>(home address, city-state-zip)</small>			<small>(phone)</small>	<small>(soc. sec. no.)</small>
E.	_____	_____	_____	_____ %	_____
	<small>(home address, city-state-zip)</small>			<small>(phone)</small>	<small>(soc. sec. no.)</small>

14. Will the above individuals personally indemnify Surety? Yes No
15. Is there a buy/sell agreement among the owners of the business? Yes No
16. Is the buy/sell funded by life insurance? Yes No
19. How many people does your firm employ? _____

17. Corp. Indemnity? Yes No
 18. Cross / Corp. Indemnity? Yes No

20. How many work crews? _____
 If no, explain: _____
21. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to Surety?
 Yes No
 If yes, please explain: _____

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

If yes, please explain: _____

23. What percentage of firm's work is for: Gov't Agencies _____ % Private Owners _____ %

24. What percentage of firm's work is normally subcontracted: _____ %

25. Are bonds required of subs? Yes No.

26. What trades do you normally subcontract? _____

27. What has been the largest amount of uncompleted work on hand? Amt. \$ _____ Year _____

28. What is the largest single job you expect to do in the next year? \$ _____

29. What is the largest uncompleted work program expected next year? \$ _____

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

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

32. SIC CODE: _____ Do you lease equipment? Yes No Type of Lease? _____

What are the terms of the lease? _____

33. Name of your CPA: _____

34. Address: _____

city-state-zip

36. Phone: (____) _____ Contact Person: _____

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

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

39. How are financial statements prepared? CPA Audit Review Compilation

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

41. Do you have a full time accountant on staff? Yes No 42. Yrs. experience _____

43. Are job cost records kept? Yes No

44. How often reviewed? _____ 45. How often updated? _____

46. Do they show job detail? Yes No 47. Frequency? _____

48. Name of your Bank: _____

Address: _____

Phone: (____) _____ Contact: _____

49. Line of credit Amount: \$ _____ 50. Exp. date: _____ 51. Interest rate: _____ %

52. UCC Filing? Yes No 53. How is credit secured? _____

54. Is your firm union? Yes No 55. Dun & Bradstreet #: _____

56. D & B rating: _____ 57. Pay record: _____ 58. Rating date: _____

Remarks: _____

62. List five subcontractors that you do business with:

A. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

B. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

C. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

D. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

E. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

63. List three Architects you have done business with:

A. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

B. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

C. Name: _____
Address: _____ Phone: (____) _____
Contact: _____ Job: _____

64. List key personnel, foremen or supervisors:

Name	Position	Yr. of Birth	Yrs. of Exper.	Previous Employer
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

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

Name	Beneficiary	Amount	Cash Value
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

D. _____ \$ _____ \$ _____

Insurance Company: _____

E. _____ \$ _____ \$ _____

Insurance Company: _____

66. List other insurance coverage currently in effect:

Limits in '000's

	Bodily Injury	Property Damage	Carrier	Expiration Date
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____
E. Other:	\$ _____	\$ _____	_____	_____

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

	Firm Name	Ownership	Type of Business	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Remarks:

Completed by: _____

Signature: _____

Title: _____

Date: _____