

CONTRACTOR QUESTIONNAIRE

Name of Firm:				Fiscal Year End:
Address	City	State	Zipcode	Phone:
Contracting Specialty:	Contact Person:		Title:	Year Business Started:
Type of Business: <input type="checkbox"/> Corp <input type="checkbox"/> Part <input type="checkbox"/> Prop <input type="checkbox"/> Sub. S. Corp				
State of Incorporation:		Area of Incorporation:		
List the corporate officers, partners or proprietors of your firm:				
Name: _____ Birth Year _____ Position _____ %Owned _____ Spouse _____ Name: _____ Birth Year _____ Position _____ %Owned _____ Spouse _____ Name: _____ Birth Year _____ Position _____ %Owned _____ Spouse _____ Name: _____ Birth Year _____ Position _____ %Owned _____ Spouse _____				
Will the above individuals and spouses personally indemnify Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
Is there a buy/sell agreement among the owners of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Is this agreement funded by life insurance?: <input type="checkbox"/> Yes <input type="checkbox"/> No Corp. Indemnity? <input type="checkbox"/> Yes <input type="checkbox"/> No Cross/Corp Indemnity? <input type="checkbox"/> Yes <input type="checkbox"/> No				
How many people does your firm employ? _____ How many work crews? _____				
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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
Is your firm or any of its owners or officers currently involved in any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: _____				
What percentage of the firm's work is normally for : Government Agencies? _____% Private Owners? _____% Percentage subcontracted? _____%				
Are bonds required of subs? <input type="checkbox"/> Yes <input type="checkbox"/> No				
What trades do you normally subcontract? _____				
What is largest amount of uncompleted work on hand at one time in the past? Amount:\$ _____ Year: _____				
What is the largest job you expect to do during the next year? \$ _____ What is the largest uncompleted work program expected during the next year? \$ _____ What is the largest uncompleted work program expected during the next year? \$ _____ What is your expected annual volume next year? \$ _____				
What trades do you normal undertake with your own forces? _____				SIC Code _____
Do you lease equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type: _____				
What are the terms of the lease? _____				

Do you have a full time accountant on staff? Yes No **If yes, years experience:** _____

Provide the details of your CPA? Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

On what basis are taxes paid? Cash Completed 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? Annually Semi-Annually Quarterly Monthly

Are job cost records kept? Yes No. **How often reviewed?** _____ **How often updated?** _____

How often updated? _____ **Do they show job detail?** Yes No **Frequency?** _____

Name of bank? Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Amount of line of credit: \$ _____ **Expiration date:** _____ **What is interest rate?** _____%

UCC Filing Yes No **How is credit secured?** _____

Is your firm union? Yes No **What is firm's Dun & Bradstreet Number?** _____

D & B Rating: _____ **Pay Record:** _____ **Date of Rating:** _____

Remarks: _____

Previous Bonding Companies::

Name: _____ Reason for leaving: _____

Name: _____ Reason for leaving: _____

Name: _____ Reason for leaving: _____

List five or your largest contracts:

Job Name: _____ Contract Price _____ Gross Profit _____ Completed _____ Bonded? Yes No

Owner: _____ Design Professional: _____

Job Name: _____ Contract Price _____ Gross Profit _____ Completed _____ Bonded? Yes No

Owner: _____ Design Professional: _____

Job Name: _____ Contract Price _____ Gross Profit _____ Completed _____ Bonded? Yes No

Owner: _____ Design Professional: _____

Job Name: _____ Contract Price _____ Gross Profit _____ Completed _____ Bonded? Yes No

Owner: _____ Design Professional: _____

Job Name: _____ Contract Price _____ Gross Profit _____ Completed _____ Bonded? Yes No

Owner: _____ Design Professional: _____

List five of your major suppliers:?

Name: _____ Phone: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Primary Contact: _____ Phone: _____

List five of your major suppliers?: (CONT')

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Phone: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

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

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____
Primary Contact: _____ Phone: _____

List three Architects you have done business with:

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

Name: _____ Job: _____
Street Address: _____
City: _____ State: _____ Zip Code: _____

List key personnel, foremen or supervisors:

Name: _____ Birth Year _____ Position _____ Yrs Exp. _____ Previous Emp. _____

Name: _____ Birth Year _____ Position _____ Yrs Exp. _____ Previous Emp. _____

Name: _____ Birth Year _____ Position _____ Yrs Exp. _____ Previous Emp. _____

Name: _____ Birth Year _____ Position _____ Yrs Exp. _____ Previous Emp. _____

Name: _____ Birth Year _____ Position _____ Yrs Exp. _____ Previous Emp. _____

List any life insurance in effect on key personnel:

Name: _____ Beneficiary _____ Amount \$ _____ Cash Value \$ _____

Insurance Company: _____

Name: _____ Beneficiary _____ Amount \$ _____ Cash Value \$ _____

Insurance Company: _____

Name: _____ Beneficiary _____ Amount \$ _____ Cash Value \$ _____

Insurance Company: _____

List other insurance coverage currently in effect: (Limits in "000's)

General Liability: Bi\$ _____ Paid:\$ _____ Carrier _____ Expires: _____

Auto Liability: Bi\$ _____ Paid:\$ _____ Carrier _____ Expires: _____

Umbrella: Bi\$ _____ Paid:\$ _____ Carrier _____ Expires: _____

Owner's Protection Bi\$ _____ Paid:\$ _____ Carrier _____ Expires: _____

List any subsidiaries and affiliates of the contracting firm:

Firm Name: _____ Ownership _____ Type of Bus. _____ NANDA Code _____

Firm Name: _____ Ownership _____ Type of Bus. _____ NANDA Code _____

Firm Name: _____ Ownership _____ Type of Bus. _____ NANDA Code _____

Firm Name: _____ Ownership _____ Type of Bus. _____ NANDA Code _____

Firm Name: _____ Ownership _____ Type of Bus. _____ NANDA Code _____

Additional Remarks:

Completed by: _____

Title: _____

Date: _____