



Contractor Questionnaire

1. Name of Firm: _____

2. Address: _____

(City) (State) (Zip)

3. Fiscal Year End: _____ 4. Phone: () _____ Fax: () _____

5. Contracting Specialty: _____ Tax ID Number: _____

6. Contact Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business: Corp Partnership Sole Prop S Corp LLC

10. State of Incorporation: _____ 11. Area of Operation: _____

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

Name	Social Security Number	Year of Birth	Position	Percent Owned
A.				
Spouse Name and SSN: _____				
B.				
Spouse Name and SSN: _____				
C.				
Spouse Name and SSN: _____				
D.				
Spouse Name and SSN: _____				
E.				
Spouse Name and SSN: _____				

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. Corp. Indemnity? Yes No

17. Cross/Corp. Indemnity? Yes No

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. Has your firm or any or its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No

If yes, please explain: _____

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

If yes, please explain: _____

22. What percentage of the firm's work is normally for: Government Agencies _____ % Private Owners _____ %

23. What percentage of the firm's work is normally subcontracted: _____ %
24. Are bonds required of subs? Yes No
25. What trades do you normally subcontract? _____
26. What is the largest amount of uncompleted work on hand at any one time in the past?
 Amount: \$ _____ Year: _____
27. What is the largest job you expect to do during the next year? \$ _____
28. What is the largest uncompleted program expected during next year? \$ _____
29. What is your expected annual volume next year? \$ _____
30. What trades do you normally undertake with your own forces? _____
31. SIC Code: _____
32. Do you lease equipment? Yes No 33. Type of lease? _____
34. What are the terms of the lease? _____
35. Name of your CPA: _____
 Address: _____
 Phone: _____ Contact Person: _____
 Fax: _____
36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion
37. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion
38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation
39. How often are financial statements prepared? Annually Semi-Annually Quarterly Monthly
40. Do you have a full time accountant on staff? Yes No 41. Years of experience: _____
42. Are job cost records kept? Yes No
43. How often reviewed? _____ 44. How often updated? _____
45. Do they show job detail? Yes No 46. Frequency? _____
47. Name of your Bank: _____
 Address: _____
 Phone: _____ Contact Person: _____
 Fax: _____
48. Amount of line of credit: \$ _____ 49. Expiration date: _____
50. What is the interest rate? _____ %
51. UCC Filing? Yes No 52. How is credit secured? _____
53. Is your firm union? Yes No 54. What is your firm's Dun & Bradstreet Number? _____
55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____
- Remarks: _____

58. Previous Bonding Companies:

	Name	Reason for Leaving
A.	_____	_____
B.	_____	_____
C.	_____	_____

59. List five of your largest contracts:

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

60. List five of your major suppliers:

	Name	Address	Telephone	Contact
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

61. List three Architects with whom you have done business:

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

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

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

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

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

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

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

63. List key personnel, foremen or supervisors:

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

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

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

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

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

66. Provide copy of your most current certificate of insurance.

Remarks: _____

Completed by: _____ **Date:** _____
Title: _____