



Prod	_____
Cont	_____
Acct	_____
Bnkr	_____

## CONTRACTOR QUESTIONNAIRE

1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_ Fiscal  
 3. Yr. End \_\_\_\_\_  
 \_\_\_\_\_  
 (city) (state) (zip)

4. Phone: ( ) \_\_\_\_\_ 5. Contracting Specialty: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ 7. Title: \_\_\_\_\_

8. Year Business Started: \_\_\_\_\_ 9. Type of Business:  Corp.  Part.  Prop.  Sub. S. Corp.

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. Corp. Indemnity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17. Cross/Corp Indemnity?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

20. 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.

If yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

21. Is your firm or any of its owners or officers currently involved in any litigation?  
 Yes  No. If yes, 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 largest amount of uncompleted work on hand at 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 work program expected during the 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 Type of lease? \_\_\_\_\_

34. What are the terms of the lease? \_\_\_\_\_

35. Name of your CPA: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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. Yrs. 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: \_\_\_\_\_

48. Amount of line of credit: \$ \_\_\_\_\_ 49. Expiration date: \_\_\_\_\_ 50. What is interest rate? \_\_\_\_%

51. UCC Filing?  Yes  No 52. How is credit secured? \_\_\_\_\_

53. Is your firm union?  Yes  No 54. What is firm's Dun & Bradstreet Number? \_\_\_\_\_

55. D & B Rating: \_\_\_\_\_ 56. Pay Record: \_\_\_\_\_ 57. Date of Rating: \_\_\_\_\_

Remarks: \_\_\_\_\_

58. Previous Bonding Companies:

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

59. 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: _____	Design Professional: _____			

B. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

C. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

D. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

E. \_\_\_\_\_ \$ \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Design Professional: \_\_\_\_\_

60. List five of your major suppliers:

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

61. List five 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: \_\_\_\_\_

D. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

E. Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

62. 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: \_\_\_\_\_

63. List key personnel, foremen or supervisors:

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

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

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

65. List other insurance coverage currently in effect:

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

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

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

REMARKS: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Completed by: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_