

CONTRACTOR QUESTIONNAIRE

Contractor _____ Individual
 Partnership
 Corporation

Address _____
 Street _____ Incorporated in what state? _____

 City _____ State _____ Zip _____

Phone: _____

OWNERS & SPOUSES:

Legal Name	Title	DOB	% of Ownership	SS No.	Indemnity Available
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>
					YES <input type="checkbox"/> NO <input type="checkbox"/>

Any owner ever defaulted on contract? YES NO If Yes, attach an explanation.

Business started: _____ Date incorporated if corporation: _____

If Sub, Your Specialty: _____

If GC, what portion do you do ? (i.e., carpentry, flatwork, etc.)

% usually subbed _____ % you do yourself _____ % you bond _____ Do you bond subs? Yes No

What is your territory? _____

Subsidiaries or affiliates? YES NO

Are Bonds Needed? YES NO

IF YES, PLEASE PROVIDE NAME & DESCRIBE BUSINESS SPECIALTY, OWNERSHIP, PURPOSE, AND ATTACH A CURRENT FINANCIAL STATEMENT.

KEY PERSONNEL (ATTACH RESUME IF AVAILABLE):

Name	Position	Age	Experience
1.			
2.			
3.			
4.			
5.			
6.			

LARGEST JOBS COMPLETED DURING PAST 5 YEARS

Contract Amount	Year	Profit	Job Description	Contact Name & Fax Number

SURETY NEEDS AND GENERAL INFORMATION

Present Surety _____ Agent _____

Time w/Surety _____ w/Agent _____

Has contractor ever been declined by a surety? YES NO

If YES, explain separately in FULL detail.

Has contractor ever defaulted on contract? YES NO

If YES, explain separately in FULL detail.

Present Surety need, Single Job Amount? _____ Total Program Backlog? _____

Union: YES NO

Union Utilized: _____ Contract expires: _____

INSURANCE:

Liability limit basic \$ _____ Carrier _____ Exp. _____
Worker's Compensation (statutory) Carrier _____ Exp. _____
Equipment Schedule \$ _____ Carrier _____ Exp. _____

LIFE INSURANCE & BENEFICIARIES ON KEY PERSONNEL:

Insured	Beneficiary	Amount	Carrier

Is Buy-Sell Agreement in effect? YES NO If so, please attach. If not, will one be considered? YES NO

ACCOUNTING:

What method of accounting was used to prepare your financial statement?

Cash: Accrual: % of Completion: Completed Contract:

What level of preparation is used?

Audit? Review? Compilation?

Have you been audited by the IRS? YES NO If so, When and with what result?

Accountant's Name: _____ CPA? YES NO

Address _____

Phone _____

CREDIT REFERENCES (MAJOR SUPPLIERS):

Name	Address	City	Fax

Does contractor principally Buy or Lease Equipment?

Is present equipment schedule sufficient for foreseeable needs? YES NO

If not, what is needed? _____

BANKING

Business Banking: _____

Name

Address

Phone

Contact

Line of Credit: _____ Secured By: _____ Line Expires: _____

REFERENCES: ARCHITECTS/ENGINEERS/OWNERS FOR WHOM CONTRACTOR HAS WORKED:

Firm name	Contact Person	Fax Number

SUBMITTED BY: _____

DATE: _____

Agency _____

Producer _____

Address _____

City _____ State _____ Zip _____ Phone No. _____

Producer

PLEASE ATTACH THE FOLLOWING:

- 1. BUSINESS FINANCIAL STATEMENTS FOR THE PAST 3 FISCAL YEARS.**
- 2. CURRENT INTERIM BUSINESS FINANCIAL STATEMENT IF FYE IS MORE THAN 4 MONTHS AGO.**
- 3. PERSONAL FINANCIAL STATEMENTS FOR ALL OWNERS.**
- 4. CURRENT WORK IN PROCESS REPORT.**
- 5. BANK REFERENCE LETTER INCLUDING AVERAGE BALANCES, LINE OF CREDIT & EXPERIENCE.**
- 6. SCHEDULE OF A/R'S AND A/P'S TO SUPPORT LATEST FISCAL & INTERIM FINANCIAL STATEMENTS.**