# CONTRACTOR QUESTIONNAIRE

1. Name of Firm:
2. Address:
3. Website address:
4. Fiscal Year End:
5. Phone:
6. Contracting Specialty:
7. Business Contact:
8. Year Business Started:
9. Type of Business:

LLC  C-Corp  S-Corp  Partnership  Sole-Prop

1. State of Incorporation:
2. Area of Operation:
3. FEIN:
4. Contractor License Number:
5. List the corporate officers, partners or proprietors of your firm:

Name:       Position:       % Owned:

Social Security:

Home Address:

Name of Spouse:

Social Security:

Name:       Position:       % Owned:

Social Security:

Home Address:

Name of Spouse:

Social Security:

Name:       Position:       % Owned:

Social Security:

Home Address:

Name of Spouse:

Social Security:

1. Is there a buy/sell agreement among the owners of the business?

Yes  No

Is the agreement funded by life insurance?

Yes  No

1. How many people does your firm employ?

Office:       How many work crews?

Shop:       Avg Field:

1. Has your firm, any of its principals, or any affiliated companies ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to Surety?

Yes  No

1. Is your firm, owners or affiliated companies involved in any litigation?  Yes  No
   1. Explain if “Yes”:
2. What percentage of the firm’s work is normally for:

Government Agencies:      % Private Owners:      %

1. What percentage of the firm’s work is normally subcontracted?
2. Are bonds required of subs?  Yes  No

Minimum threshold or other explanation:

1. What trades do you normally undertake with your own forces?
2. What is the largest amount of uncompleted work on hand at one time in the past?
3. What is the largest job you expect to do next year?
4. What is the largest uncompleted work on hand expected during next year?
5. What is your expected annual volume next year?
6. CPA Name/Address/Phone Number:
7. On what basis are taxes paid?

Cash Completed Job  Accrual  % of Completion

1. On what basis are financial statements prepared?

Cash Completed Job Accrual  % of Completion

1. On what level of assurance are financial statements prepared?

CPA Audit  Review  Compilation

1. How often are internal financial statements prepared?

Monthly  Quarterly  None

1. Who prepares the internal financial statements?
2. Bank Name/Contact/Address/Phone:
3. Amount of line of credit:
4. Amount of credit line in use:
5. Expiration Date:
6. What is interest rate?       42. What is the collateral?
7. Are there personal guarantees on the line?  Yes  No

Who?

1. Is your firm union?  Yes  No
2. What is firm’s Dun & Bradstreet #?
3. Current Insurance Agent:
4. Current Bond Agent:
5. Current Surety:
6. Current Surety Program:
7. Current Surety Rates:
8. Backup Surety:
9. Previous Bonding Company:
   1. Name:
   2. Reason for Leaving:
10. List any other subsidiaries and affiliates of the contracting firm.

1. List five of your largest contracts.

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?  Yes  No

Location:

Scope of Work:

Owner:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?  Yes  No

Location:

Scope of Work:

Owner:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?  Yes  No

Location:

Scope of Work:

Owner:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?  Yes  No

Location:

Scope of Work:

Owner:

Design Professional:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?  Yes  No

Location:

Scope of Work:

Owner:

1. List of your major suppliers.

Name:

Contact:

Phone:

Name:

Contact:

Phone:

Name:

Contact:

Phone:

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

Name:

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

1. List three architects you have done business with.

Name :

Contact:

Address:

Phone:

Name :

Contact:

Address:

Phone:

Name:

Contact:

Address:

Phone:

1. List key personnel, foremen or supervisors.

Name:

Position:

Years of Exp:

Name:

Position:

Years of Exp:

Name:

Position:

Years of Exp:

Name:

Position:

Years of Exp:

1. List any life insurance on key personnel.

Name:

Beneficiary:

Amount:

Insurance Company:

Name:

Beneficiary:

Amount:

Insurance Company:

Name:

Beneficiary:

Amount:

Insurance Company:

**Completed** By:

Title:

Date:

**The following are attached:**

Prior full three years financials  (prefer 5)  with completed and uncompleted contract schedule

Financial Information (Same number of years as above) on affiliated companies

Current WIP with completed and uncompleted contracts

Interim YTD financial statement

Bank Letter of Reference

Resumes

Current Insurance Certificate

Resumes on Owners and Key Personnel

Personal Financial Statements on owners