

CONTRACTOR QUESTIONNAIRE

1. Name of Company: _____ 2. Business Yr. Ends: _____

3. Physical Address: _____
Street City State Zip Code

4. Mailing Address: _____
Street City State Zip Code

5. Phone: _____ Fax: _____ 6. Type of Work: _____

7. Contact Person: _____ 8. Title: _____

9. Year Business Started: _____ 10. Business Type: Corp. () Part. () Sole Prop. () Sub. S Corp ()

11. State of Incorporation: _____ 12. Date of Incorporation: _____

13. List the Corporate Officers, Partners or Proprietors of the company:

(Note: All owners of 10% or more of the company & spouses must personally indemnify the Surety.)

A. Full Name: _____ SS No. _____ Position: _____
Percent owned: _____% DOB: _____ Marital Status: _____
Home address: _____
If applicable, spouse's full name: _____ SS No. _____
Spouse's DOB: _____

B. Full Name: _____ SS No. _____ Position: _____
Percent owned: _____% DOB: _____ Marital Status: _____
Home address: _____
If applicable, spouse's full name: _____ SS No. _____
Spouse's DOB: _____

C. Full Name: _____ SS No. _____ Position: _____
Percent owned: _____% DOB: _____ Marital Status: _____
Home address: _____
If applicable, spouse's full name: _____ SS No. _____
Spouse's DOB: _____

D. Full Name: _____ SS No. _____ Position: _____
Percent owned: _____% DOB: _____ Marital Status: _____
Home address: _____
If applicable, spouse's full name: _____ SS No. _____
Spouse's DOB: _____

14. Is there a Buy/Sell Agreement among the owners of the business? Yes () No () If so, is this agreement funded by life insurance? Yes () No ()
15. If the ownership of the business has recently changed, please describe: _____

16. Name of the person authorized to execute documents on behalf of the company: _____

17. How many people does your company employ? _____ 18. How many work crews? _____
19. Has this company 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 so, attach a detailed explanation.
20. Is this company or any of its owners or any company affiliated with the owners currently involved in any litigation? Yes () No () If so, attach a detailed explanation.
21. The percentage of work normally for: Government Agencies ____% For Private Owners ____%
22. The percentage of work normally subcontracted: ____% Are Subs required to bond: Yes () No ()
23. What trades do you normally subcontract? _____
24. The largest amount of work on hand at one time in the past has been: \$ _____ Year _____
25. The largest job you expect to do this next year is: \$ _____
26. What is the expected gross revenue for the next 12 months: \$ _____
27. What trades do you normally undertake with your own forces:

28. Do you lease equipment? Yes () No () If so, type and term of lease(s) _____

29. Name of your accounting firm: _____
Address: _____
Phone: _____ Fax: _____ Contact Person: _____
30. On what basis are taxes paid? Cash () Completed Job () Accrual () % of Completion ()
31. On what basis are financial statements prepared? Cash () Completed Job () Accrual () % of Comp. ()
32. How are statements prepared? In House () CPA Compiled () CPA Reviewed () CPA Audit ()
33. How often are statements prepared? Annually () Semiannually () Quarterly () Monthly ()
34. Do you have a full time accountant on staff? Yes () No () Number of Years experience: _____ years.

(Attach a separate page if needed.)

43. List five of the largest jobs completed to date: (Note: Additional projects may be listed on a separate page.)

<u>Project Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Was it Bonded</u>
A. _____	\$ _____	\$ _____	_____	_____
Owner's Name: _____ Phone: _____ Fax: _____				
B. _____	\$ _____	\$ _____	_____	_____
Owner's Name: _____ Phone: _____ Fax: _____				
C. _____	\$ _____	\$ _____	_____	_____
Owner's Name: _____ Phone: _____ Fax: _____				
D. _____	\$ _____	\$ _____	_____	_____
Owner's Name: _____ Phone: _____ Fax: _____				
E. _____	\$ _____	\$ _____	_____	_____
Owner's Name: _____ Phone: _____ Fax: _____				

44. List five of your major suppliers: (Note: Additional suppliers/creditors may be listed on separate page.)

Name	Phone	Fax
A. _____	_____	_____
Address: _____ Contact Person: _____		
B. _____	_____	_____
Address: _____ Contact Person: _____		
C. _____	_____	_____
Address: _____ Contact Person: _____		
D. _____	_____	_____
Address: _____ Contact Person: _____		
E. _____	_____	_____
Address: _____ Contact Person: _____		

45. If this company is a General Contractor, list five Subcontractor references. If this company is a Subcontractor list five General Contractor references:

A. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____

B. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____

C. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____

D. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____

E. Name: _____ Phone: _____
Address: _____ Fax: _____
Contact: _____ Job: _____

The undersigned hereby confirms that the foregoing information and any other information supplied in connection with this Contractor Questionnaire is, to the best of his/her knowledge complete, true and correct. Further, the undersigned hereby authorizes Agent/Surety to make such inquiries regarding the information contained herein and the credit status of this company and its owners as Agent/Surety solely may deem appropriate.

Signature (must be officer or owner): _____ Title: _____

Printed Name and Title: _____ Date: _____