

## CONTRACTOR'S QUESTIONNAIRE

**GENERAL INFORMATION:**

NAME: \_\_\_\_\_ FEDERAL ID NUMBER: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_  
 CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_  
 EMAIL ADDRESS: \_\_\_\_\_ WEBSITE: \_\_\_\_\_  
 SUBSIDIARIES OR AFFILIATED COMPANIES: \_\_\_\_\_ FEDERAL ID NUMBERS: \_\_\_\_\_

TYPE OF WORK:  GENERAL CONSTRUCTION  PLUMBING CONSTRUCTION  
 MECHANICAL CONSTRUCTION  ELECTRICAL CONSTRUCTION  
 HEAVY CONSTRUCTION  HIGHWAY CONSTRUCTION  
 SPECIALTY \_\_\_\_\_  OTHER \_\_\_\_\_

IS YOUR FIRM:  UNION  NON-UNION

**ORGANIZATIONAL INFORMATION:**

DATE YOUR ORGANIZATION WAS ESTABLISHED: \_\_\_\_\_  
 TYPE OF ORGANIZATION:  Proprietorship  Partnership  "S" Corporation  "C" Corporation  Limited Liability Corporation  
 List the Proprietor or all Partners, Shareholders and/or Corporate Officers (whichever is applicable):

Name/Social Security #	Date of Birth	Position	Ownership %	Spouse Name/Social Security #
/				/
/				/
/				/
/				/
/				/
/				/

WILL ALL STOCKHOLDERS/PARTNERS/OWNERS AND THEIR SPOUSES PERSONALLY INDEMNIFY THE SURETY?  Yes  No  
 If no, please explain: \_\_\_\_\_

**EXPERIENCE:**

HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO IT?  YES  NO  
 If yes, please explain: \_\_\_\_\_  
 IS YOUR COMPANY PRESENTLY INVOLVED IN ANY LITIGATION?  YES  NO  
 If yes, please explain: \_\_\_\_\_  
 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: \_\_\_\_\_  
 WHAT PORTION OF YOUR WORK IS FOR: \_\_\_\_\_ GOVERNMENT AGENCIES \_\_\_\_\_ PRIVATE OWNERS

IN WHAT STATES/AREAS DO YOU NORMALLY OPERATE? \_\_\_\_\_

ON AVERAGE, WHAT PORTION OF YOUR WORK IS NORMALLY SUBCONTRACTED? \_\_\_\_\_%

DO YOU NORMALLY REQUIRE BONDS OF SUBS? \_\_\_ YES \_\_\_ NO

DO YOU ENGAGE IN JOINT VENTURES? \_\_\_ YES \_\_\_ NO

LIST FIVE (5) OF THE LARGEST CONTRACTS COMPLETED BY YOUR COMPANY IN THE LAST FIVE (5) YEARS:

1. Owner: \_\_\_\_\_ Contract Price: \_\_\_\_\_  
Description: \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Owner: \_\_\_\_\_ Contract Price: \_\_\_\_\_  
Description: \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Owner: \_\_\_\_\_ Contract Price: \_\_\_\_\_  
Description: \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Owner: \_\_\_\_\_ Contract Price: \_\_\_\_\_  
Description: \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Owner: \_\_\_\_\_ Contract Price: \_\_\_\_\_  
Description: \_\_\_\_\_  
Completion Date: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

**REFERENCES:**

LIST FIVE (5) OF YOUR MAJOR SUPPLIERS:

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
4. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_
5. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

LIST FIVE (5) SUBCONTRACTORS (OR CONTRACTORS IF YOU ARE A SUBCONTRACTOR) YOUR COMPANY HAS DONE BUSINESS WITH:

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job: \_\_\_\_\_
2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job: \_\_\_\_\_
3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job: \_\_\_\_\_
4. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job: \_\_\_\_\_
5. Name: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Job: \_\_\_\_\_

IF YOU HAVE PREVIOUSLY BEEN BONDED, STATE NAME OF BONDING COMPANY(IES) AND REASON FOR CHANGE:

1. Name: \_\_\_\_\_ Reason for Change: \_\_\_\_\_
2. Name: \_\_\_\_\_ Reason for Change: \_\_\_\_\_
3. Name: \_\_\_\_\_ Reason for Change: \_\_\_\_\_

INSURANCE INFORMATION:

1. Agency: \_\_\_\_\_
2. Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**FINANCIAL:**

WHAT IS YOUR COMPANY'S FISCAL YEAR END: \_\_\_\_\_

WHO IS YOUR INDEPENDENT ACCOUNTING FIRM:

Name of Firm: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

ON WHAT BASIS ARE TAXES PAID?  Cash  Completed Contract  Accrual  Percentage of Completion

WHEN ARE FINANCIAL STATEMENTS PREPARED:  Year End  Six Months  Quarterly

DOES YOUR OFFICE INCLUDE A FULL TIME ACCOUNTANT?  Yes  No

If yes, how long have they been employed by your company? \_\_\_\_\_

ARE INDIVIDUAL JOB COST RECORDS PREPARED?  Yes  No

If yes, how often are they reviewed/updated and by whom? \_\_\_\_\_

**BANK INFORMATION:**

1. Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Amount of Line: \_\_\_\_\_ Secured by: \_\_\_\_\_ Amount Available: \_\_\_\_\_

2. Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Amount of Line: \_\_\_\_\_ Secured by: \_\_\_\_\_ Amount Available: \_\_\_\_\_

3. Name of Bank: \_\_\_\_\_ Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Amount of Line: \_\_\_\_\_ Secured by: \_\_\_\_\_ Amount Available: \_\_\_\_\_

**CONTINUITY:**

BUSINESS CONTINUATION PROVISIONS (Attach copies of Buy/Sell Agreement, Life Insurance, Employment Contracts, etc.):

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**CHECKLIST:**

In order to provide a complete submission to the surety market(s), we ask that you use the following checklist as a reference when providing the necessary underwriting information:

Seal Imprint

Brochure, Business Card or Other Advertising Material

Resumes of Key Personnel

Copy of Buy/Sell Agreement or Continuity Plan

Prior Three Years Fiscal Year End CPA Prepared Financial Statements

Current Personal Financial Statement of All

Owners/Partners/Stockholders and Spouses

Interim Financial Statements

Schedule of Accounts Receivable as of Fiscal Year End Financial Statement

Current Corporate Tax Return

Current Personal Tax Return

Current Work in Progress Schedule

Current Bank Line of Credit Letter

Prequalification Statements (DOT, AIA, etc.)

Equipment Schedule

Certificate of Insurance

Other \_\_\_\_\_