



# Contractor Questionnaire

1. Name of Firm: \_\_\_\_\_ 2. Fiscal Year End: \_\_\_\_\_

3. Address: \_\_\_\_\_

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. Contractor's License No.(s): \_\_\_\_\_

13. License Expiration Date(s): \_\_\_\_\_

14. Classification(s): \_\_\_\_\_

15. List the corporate officers, partners or proprietors of your firm:

Name	Yr.of Birth	Position	% Owned	Spouse Name
A. _____				
S.S.#: _____		Home Address: _____		
B. _____				
S.S.#: _____		Home Address: _____		
C. _____				
S.S.#: _____		Home Address: _____		
D. _____				
S.S.#: _____		Home Address: _____		
E. _____				
S.S.#: _____		Home Address: _____		

16. Will the above individuals and spouses personally indemnify Surety?  Yes  No If no, explain: \_\_\_\_\_

17. Full Corporate Indemnity?  Yes  No

18. If more than one business entity, will all entities cross indemnify?  Yes  No

19. Is there a buy/sell agreement among the owners of the business?  Yes  No

20. Is this agreement funded by life insurance?  Yes  No

21. How many people does your firm employ? \_\_\_\_\_ 22. How many work crew? \_\_\_\_\_

23. 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, explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



24. Is your firm or any of its owners or officers currently involved in any litigation?  Yes  No

If Yes, explain: \_\_\_\_\_  
\_\_\_\_\_

25. What percentage of the firm's work is normally for: Government Agencies \_\_\_\_\_ % Private Owners \_\_\_\_\_ %

26. What percentage of the firm's work is normally subcontracted: \_\_\_\_\_% 27. Are bonds required of subs?  Yes  No

28. What trades do you normally subcontract? \_\_\_\_\_

29. What is the largest amount of uncompleted work on hand at one time in the past? Amount: \$ \_\_\_\_\_ Year \_\_\_\_\_

30. What is the largest job you expect to do during the next year? \$ \_\_\_\_\_

31. What is the largest uncompleted work program expected during the next year? \$ \_\_\_\_\_

32. What is your expected annual volume next year? \$ \_\_\_\_\_

33. What trades do you normally undertake with your own forces? \_\_\_\_\_  
\_\_\_\_\_

34. Will there be any equipment purchases in the next 12 months?  Yes  No

35. If yes, approximate cost \_\_\_\_\_

36. How financed? \_\_\_\_\_

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

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

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

38. On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

39. On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

40. On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

41. How often are financial statements prepared?  Annually  Semi-annually  Quarterly  Monthly

42. Do you have a full time accountant on staff?  Yes  No 43. Years experience: \_\_\_\_\_

44. Are job cost records kept?  Yes  No

45. How often reviewed? \_\_\_\_\_ 46. How often updated? \_\_\_\_\_

47. Do they show job detail?  Yes  No 48. Frequency? \_\_\_\_\_

49. Name of your Bank: \_\_\_\_\_

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

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

Account # (s): \_\_\_\_\_

50. Amount of line of credit: \$ \_\_\_\_\_ 51. Expiration Date: \_\_\_\_\_ 52. What is the interest rate? \_\_\_\_\_%

53. UCC Filing?  Yes  No 54. How is credit secured? \_\_\_\_\_

55. Is your firm union?  Yes  No

56. Previous Bonding Companies:

Name Reason for Leaving

A. \_\_\_\_\_

B. \_\_\_\_\_



57. List five of your largest contracts:

	Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
A.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Phone # _____		
	Address: _____				
B.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Phone # _____		
	Address: _____				
C.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Phone # _____		
	Address: _____				
D.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Phone # _____		
	Address: _____				
E.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Phone # _____		
	Address: _____				

58. List five of your major suppliers:

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

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

A.	_____		
	Address: _____	Telephone: _____	
	Contact: _____	Job: _____	
B.	_____		
	Address: _____	Telephone: _____	
	Contact: _____	Job: _____	
C.	_____		
	Address: _____	Telephone: _____	
	Contact: _____	Job: _____	
D.	_____		
	Address: _____	Telephone: _____	
	Contact: _____	Job: _____	
E.	_____		
	Address: _____	Telephone: _____	
	Contact: _____	Job: _____	



60. List three Architects you have done business with:

A. \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

B. \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

C. \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Contact: \_\_\_\_\_ Job: \_\_\_\_\_

61. List key personnel, foremen or supervisors: (Attach Resumes)

Name	Position	Yr. of birth	Yrs. Exper.	Contact
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____

62. Name of Insurance Agent: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone: \_\_\_\_\_

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

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

64. Name of Insurance Agent: \_\_\_\_\_

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

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

Firm Name	Ownership	Type of Business
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____

66. Name of Attorney: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_

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