

# Contractor Questionnaire

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

Address: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

\_\_\_\_\_  
(city) (state) (zip)

Phone: (\_\_\_\_) \_\_\_\_\_ Contracting Specialty: \_\_\_\_\_

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

Year Business Started: \_\_\_\_\_ Type of Business  Corp.  Part.  Prop.  Sub S. Corp.

State of Incorporation: \_\_\_\_\_ Tax I.D.# \_\_\_\_\_

NAME	YEAR OF BIRTH	POSITION	PERCENT OWNED	SOCIAL SECURITY NUMBER

Will the owners and spouses personally indemnify the Surety?  Yes  No

If No, explain: \_\_\_\_\_

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

How many people does your firm employ? \_\_\_\_\_ How many work crews? \_\_\_\_\_

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: \_\_\_\_\_

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

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

Is your firm Union?  Yes  No

What % of the firm's work is done for: Government Agencies \_\_\_\_\_ % Private Owners \_\_\_\_\_ %

What % of the firm's work is normally subcontracted: \_\_\_\_\_ %

Are bonds required of subs?  Yes  No

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

What is the largest amount of uncompleted work on hand at one time in the past?

Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_

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

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

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

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

Do you lease equipment?  Yes  No Type of lease? \_\_\_\_\_

What are the terms of the lease? \_\_\_\_\_

**FINANCIAL INFORMATION**

Name of your CPA: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

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

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

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

Do you have a full-time accountant on staff?  Yes  No Yrs. Experience \_\_\_\_\_

Are job cost records kept?  Yes  No

How often reviewed? \_\_\_\_\_ How often updated? \_\_\_\_\_

Do they show job detail? \_\_\_\_\_ Frequency? \_\_\_\_\_

Name of your bank: \_\_\_\_\_

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

Phone: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

Amount of line of credit: \$ \_\_\_\_\_ Expiration date: \_\_\_\_\_ What is the interest rate? \_\_\_\_\_ %

UCC Filing?  Yes  No How is credit secured? \_\_\_\_\_

**Previous Bonding Companies:**

NAME	REASON FOR LEAVING
A.	
B.	
C.	

**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/G.C.			Phone ( )	
B.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/G.C.			Phone ( )	
C.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/G.C.			Phone ( )	
D.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/G.C.			Phone ( )	
E.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner/G.C.			Phone ( )	

**List five of your major suppliers:**

NAME	ADDRESS	TELEPHONE	CONTACT
A.		( )	
B.		( )	
C.		( )	
D.		( )	
E.		( )	

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

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

**List three architects you have done business with:**

A.	Name: _____	Telephone: ( )
	Address: _____	Job: _____
	Contact: _____	
B.	Name: _____	Telephone: ( )
	Address: _____	Job: _____
	Contact: _____	
C.	Name: _____	Telephone: ( )
	Address: _____	Job: _____
	Contact: _____	

**List key personnel, foremen or supervisors:**

NAME	POSITION	YR. OF BIRTH	YRS. EXPERIENCE	PREVIOUS EMPLOYER
A.				
B.				
C.				
D.				
E.				

**List any life insurance in effect on key personnel:**

NAME	BENEFICIARY	AMOUNT	CASH VALUE
A.		\$	\$
Insurance Company:			
B.		\$	\$
Insurance Company:			
C.		\$	\$
Insurance Company:			

**List other insurance coverage currently in effect: (Limit in 000's)**

	BODILY INJURY	PROPERTY DAMAGE	CARRIER	EXPIRATION DATE
A. General Liability	\$	\$		
B. Auto Liability	\$	\$		
C. Umbrella	\$	\$		
D. Owner's Protection	\$	\$		

**List any subsidiaries and affiliates:**

FIRM NAME	OWNERSHIP	TYPE OF BUSINESS
A.		
B.		
C.		
D.		

- Attachments:  Buy Sell Agreement  
 Certificate of Insurance  
 Resumes of Owners/Key Employees  
 Bank Line of Credit Agreement  
 Brochure and/or Letters of Recommendation about the Accomplishments of your Firm

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_