Contractor Questionnaire

BUSINESS INFORMATION

BUSINESS NAME

CONTACT FULL NAME

CONTACT EMAIL

BUSINESS ADDRESS

PHONE

WEBSITE

TAX ID

STATE & YEAR OF INCORPORATION

BUSINESS TYPE

C-Corp Sub S-Corp Partnership LLP LLC Sole Prop

TRADE(S)

AREAS OF OPERATION(S)

OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the Firm:

	LEGAL NAME	DATE OF BIRTH	SSN	LEGAL NAME OF SPOUSE	SPOUSE SSN
1.					
	POSITION	% OWNED	HOME ADDRESS		
2.					
	POSITION	% OWNED	HOME ADDRESS		
3.					
	POSITION	% OWNED	HOME ADDRESS		
4.					
	POSITION	% OWNED	HOME ADDRESS		
5.					
	POSITION	% OWNED	HOME ADDRESS		

Will the above individuals and spouses personally indemnify Surety? Yes No

IF NO, EXPLAIN

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

Is this agreement funded by life insurance? Yes No

Contractor Questionnaire

Business Details & Financial Information

BUSINESS DETAILS

Has your firm or any of its principals ever petitioned bankruptcy, failed in bankruptcy, or defaulted so as to cause a loss to a Surety? Yes No

If yes, please attach explanation.

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

If yes, please attach explanation.

PERCENTAGE OF FIRM'S WORK FOR: | GOVERNMENT | PRIVATE | OTHER

TRADES YOU NORMALLY UNDERTAKE WITH YOUR OWN EMPLOYEES

PERCENTAGE OF FIRM'S WORK NORMALLY SUBCONTRACTED TO OTHERS

TRADES YOU NORMALLY SUBCONTRACT

SUB-BONDING POLICY

PREFERRED JOB SIZE RANGE | # OF JOBS AT A TIME

LARGEST COST TO COMPLETE BACKLOG — AMOUNT | YEAR

LARGEST INDIVIDUAL JOB / LARGEST BACKLOG EXPECTED DURING THE NEXT YEAR

$

EXPECTED ANNUAL VOLUME THIS CURRENT FISCAL YEAR

DO YOU LEASE EQUIPMENT? Yes No | TYPE OF LEASE

FINANCIAL INFORMATION

NAME OF CPA FIRM | FISCAL YEAR END

CONTACT NAME | EMAIL

CONTACT ADDRESS | PHONE

ON WHAT BASIS ARE TAXES PAID?

ON WHAT BASIS ARE FINANCIAL STATEMENTS PREPARED?

AT WHAT LEVEL ARE FINANCIAL STATEMENTS PREPARED?

CPA Audit Review Compilation

HOW OFTEN ARE INTERNAL FINANCIAL STATEMENTS PREPARED?

Annually Semi-Annually Quarterly Monthly

ANY CHANGES TO THE BALANCE SHEET SINCE LAST FISCAL YEAR?

ACCOUNTING SOFTWARE | ESTIMATING SOFTWARE | JOB COST SOFTWARE

NAME OF BANK | LINE OF CREDIT

CONTACT NAME | EXPIRATION

CONTACT ADDRESS | PHONE

LINE OF CREDIT TYPE: Unsecured Secured | SECURED BY

LOC SPECIAL TERMS OR SUBLIMITS

OTHER BANKS USED AND PURPOSE

Contractor Questionnaire

Experience & References

PREVIOUS BONDING COMPANIES

	NAME	REASON FOR LEAVING
1.		
2.		
3.		

FIVE LARGEST CONTRACTS

	#/JOB NAME	CONTRACT PRICE	GROSS PROFIT	COMPLETION DATE	BONDED?
1.					Yes No
	CONTACT	PHONE			
2.					Yes No
	CONTACT	PHONE			
3.					Yes No
	CONTACT	PHONE			
4.					Yes No
	CONTACT	PHONE			
5.					Yes No
	CONTACT	PHONE			

FIVE MAJOR SUPPLIERS

	NAME	PHONE	CONTACT
1.			
2.			
3.			
4.			
5.			

FIVE SUBCONTRACTORS (OR CONTRACTORS IF YOU ARE A SUBCONTRACTOR)

	NAME	PHONE	CONTACT
1.			
2.			
3.			
4.			
5.			

Contractor Questionnaire

Key Personnel & Insurance & Affiliates

THREE SPECIALTY TRADES

	NAME	PHONE	CONTACT
1.			
2.			
3.			

KEY PERSONNEL

List additional personnel key to your operations:

	NAME	POSITION	BIRTH YEAR	YRS. EXPERIENCE
1.				
2.				
3.				
4.				
5.				

LIFE INSURANCE

List any life insurance in effect on officers or key personnel:

	NAME	BENEFICIARY	AMOUNT	INSURANCE COMPANY
1.				
2.				
3.				
4.				

BUSINESS INSURANCE

NAME OF INSURANCE BROKER / AGENCY

AGENT'S NAME

E-MAIL

FAX

PHONE

SUBSIDIARIES & AFFILIATES

List any subsidiaries and affiliates of the contracting firm:

	FIRM NAME	OWNERSHIP	TYPE OF BUSINESS	CROSS/CORP. INDEMNITY?
1.				Yes No
2.				Yes No
3.				Yes No
4.				Yes No
5.				Yes No

REMARKS

Contractor Questionnaire

Attachments & Authorization

REQUIRED ATTACHMENTS

- [ ] Copies of the last three fiscal financial statements including work in progress & completed contract schedules
- [ ] Current interim financial statement and work in progress report (if fiscal statement is over six months old)
- [ ] Current financial statement for all indemnitors
- [ ] Bank Line of Credit Agreement
- [ ] Business Plan
- [ ] Buy/Sell Agreement
- [ ] Copy of Subcontract Agreement
- [ ] Certificate of Insurance
- [ ] Resumes of Owners / Key Employees
- [ ] Brochure and/or Letters of Recommendation about the accomplishments of your firm
- [ ]

Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application. This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

CERTIFICATION & SIGNATURE

NAME OF FIRM

COMPLETED BY

TITLE

SIGNATURE

DATE

ADDITIONAL REMARKS