



CONTRACTOR QUESTIONNAIRE

If not applicable, insert N/A

GENERAL INFORMATION Check one: Corporation S-Corporation Partnership Proprietorship

Contractor _____ Email _____

Address _____ City _____ State _____ Zip _____

Phone () - _____ Cellphone () - _____ Fax # () - _____

Date Business Formed _____ Date Incorporated _____ Tax ID # _____

Union Shop? Yes No Any prevailing wage disputes? Yes No

In what class of construction do you specialize _____

Has there been any recent change in control of company? Yes No Number of Employees _____

If so, explain _____

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate? Yes No

If so, explain _____

CORPORATE OFFICERS-PARTNERS-PROPRIETOR-OWNERS-KEY PERSONNEL

Name	Spouse name	Age	Position	% Owned	Social Security Number

COMPLETED CONTRACT INFORMATION

What was the largest job completed \$ _____ Year _____

What was the largest work on hand completed \$ _____ Year _____

Annual gross sales for last 3 years: From most current

\$ _____ Year: _____, \$ _____ Year: _____, \$ _____ Year: _____,

Is current insurance coverage sufficient? Yes No

If NO, explain _____

Does company have adequate equipment? Yes No Own? Yes No Lease? Yes No

Has your company ever failed to complete a contract? Yes No

If so, explain: _____

Any disputes on contracts? Yes No

If so, explain: _____

Has company, any affiliated company, or any owner ever experienced a bankruptcy? Yes No

If so, explain: _____

Are any liens for labor and/or material filed against company on any contracts which have been done or are being done by company?

Yes No If so, explain _____

FINANCIAL INFORMATION Accounting

Name of accounting firm _____ Phone () - _____

How many years has this firm prepared financial statements? _____ Tax Returns _____

Tax Year End _____ Are taxes, both company and personal current? Yes No

Basis of preparation of statements: Cash Completed Contract Simple Accrual % of Completion

Tax Payments: Cash Completed Contract Simple Accrual % of CCompletion

PRESENT AND PRIOR SURETIES: Previously bonded? Yes No

Company	When bonded	Largest bond	Largest program	Phone number
_____	_____	_____	_____	() - _____
_____	_____	_____	_____	() - _____
_____	_____	_____	_____	() - _____

Has company, any affiliated company, or any owner ever been affiliated with a company that has defaulted on a contract forcing a surety to suffer a loss? Yes No

If so, explain: _____

If additional space is required for any answers, please continue below:



REFERENCE SUMMARY

COMPLETED CONTRACTS - List the three largest contracts completed in the past 5 years:

Company and Person to Contact	Project and Phone Number	Contract Price and Date Completed
1. _____ _____	_____ () - _____	\$ _____ / ____ / ____
2. _____ _____	_____ () - _____	\$ _____ / ____ / ____
3. _____ _____	_____ () - _____	\$ _____ / ____ / ____

What size projects do you feel your company can undertake:

Single Job: \$ _____ Total Work on Hand : \$ _____

PRINCIPAL SUPPLIERS: (5 Required)

Name	Material / Service Provided	Street Address, City, Zip	Phone Number
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____
_____	_____	_____	() - _____

BANKS:

Name of Bank	Phone Number	Contact	Account No. (s)
_____	() - _____	_____	_____
_____	() - _____	_____	_____

Have Line of Credit? Yes No With what bank ? _____

Amount of Line of Credit: \$ _____ Amount in use: \$ _____

How Secured: _____ Expiration Date: _____ / ____ / ____

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Any person who knowingly provides false, incomplete, or misleading facts or information is guilty of a crime and may be subject to fines and confinement in prison. I certify that the data or information provided is correct and I authorize any financial institution, supplier, or other source of credit to release to Surety, or it's representative, any information regarding my account history, balance history or pay history.

A photocopy of this authorization shall be considered as effective and valid as the original.

Name: _____ Title: _____

Signature: _____ Date: _____