

**CONTRACTOR QUESTIONNAIRE**

1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_ 3. Fiscal Yr. End \_\_\_\_\_

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

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

Name	Yr. Of Birth	Position	Percent Owned	Name of Spouse
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

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

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

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

15. Is this agreement funded by life insurance?  Yes  No 16. Corp Indemnity?  Yes  No

17. Cross Corp. Indemnity?  Yes  No

18. How many people does your firm employ? \_\_\_\_\_ 19. How many work crews? \_\_\_\_\_

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

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is your firm or any of its owners or officers currently involved in any litigation?

Yes     No. If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. What percentage of the firm's work is normally for:

Government Agency \_\_\_\_\_%    Private Owners \_\_\_\_\_%

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

24. Are bonds required of subs?     Yes     No.

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

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

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

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

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

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

**31. SIC CODE** \_\_\_\_\_

32. Do you lease equipment?     Yes     No    Type of Lease? \_\_\_\_\_

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

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

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

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

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

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

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

40. Do you have a full time accountant on staff?     Yes     No    41. Years Experience: \_\_\_\_\_

42. Are job cost records kept?     Yes     No

43. How often reviewed? \_\_\_\_\_    44. How often updated? \_\_\_\_\_

45. Do they show job detail?     Yes     No    46. Frequency? \_\_\_\_\_

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

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

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

48. Amount of line of credit: \$ \_\_\_\_\_ 49. Expiration Date: \_\_\_\_\_

50. What is interest rate? \_\_\_\_\_ %

51. UCC Filing?  Yes  No 52. How is credit secured? \_\_\_\_\_

53. Is your firm union?  Yes  No 54. What is firm's Dun & Bradstreet Number? \_\_\_\_\_

55. D & B Rating: \_\_\_\_\_ 56. Pay Record: \_\_\_\_\_ 57. Date of Rating: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

58. Previous Bonding Companies:

	<u>Name</u>	<u>Reason for Leaving</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

59. List five of your largest contracts:

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

60. List five of your major suppliers:

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

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

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

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

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

D. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Job: \_\_\_\_\_

E. Name: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
Contact: \_\_\_\_\_ Job: \_\_\_\_\_

62. List three Architects you have done business with:

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

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

C. Name: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Job: \_\_\_\_\_

63. List key personnel, foremen or supervisors:

	<u>Name</u>	<u>Position</u>	<u>Yr. Of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

	<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
B.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
C.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			

65. List other insurance coverage currently in effect:

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

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

	Firm Name	Ownership	Type of Business	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Completed By: \_\_\_\_\_

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

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