

Contractor Questionnaire

1. Name of Firm	Phone Number
Address (Street, City or Town, State, Zip Code)	Federal Tax ID #

ORGANIZATION

2. Type of Business: <input type="checkbox"/> Corporation <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship	Year Business Started:	Years Operated Under Current Management:
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3. Officers, Key Personnel, and Shareholders:

Name	Date of Birth	Social Security Number	% Ownership (If Any)	Position	Years in Const.	Years w/Co.	Previous Employer

4. Will shareholders and spouses personally indemnify Surety? Yes No If no, please explain:

5. Are any shareholder assets held in trusts? Yes No
 If trusts exist, will they indemnify Surety? Yes No If no, please explain:

6. Is a **formal** continuity plan in place for the succession of future management? Yes No

7. Is a **formal** buyout plan in place? Yes No
 If so, is the buyout plan fully funded by life insurance or other means? Yes No

8. Subsidiary / Affiliated Companies:

Name	% of Common Ownership	Function/Purpose of Company	Operating Company	
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No
			<input type="checkbox"/> Yes	<input type="checkbox"/> No

9. Has any individual or company listed above ever filed for bankruptcy or held a senior management position with a firm that has caused a surety or a bank a loss? Yes No (If yes, please explain using a separate sheet of paper if necessary.)

EXPERIENCE AND OPERATIONS

10. What percentage of the firm's work is normally performed as: Prime Contractor _____% Subcontractor _____%					
11. Type(s) of Construction Contracts Sought?					
12. Within the kind of construction usually sought, which sub - specialties of construction are typically performed by the applicant's own forces and which are subcontracted?					
In House			Subcontracted		
13. What percentage of the firm's work is typically subcontracted? _____ %					
14. What criteria does the firm use to determine if a subcontractor will be bonded?					
15. List the approximate % of work annually performed for the following types of owners:			16. List the approximate % of contracts undertaken using the following types of payment terms:		
Governmental	%		Fixed Price	%	
Institutional	%		Cost - Plus	%	
Utilities	%		Cost -Plus A Fixed Fee	%	
Industrial	%		Cost - Plus With a Max. Upset Price	%	
Developers	%		17. What is the largest amount of uncompleted work undertaken by your firm? \$ _____ Year: _____		
Others	%				
	100%				
18. List Your 3 Largest Completed Contracts:					
Description	Year Completed	Contract Price	Gross Profit	Owner	Contact / Phone Number
19. Describe the 2 most technically difficult projects (regardless of size) undertaken by the applicant. Why was the job technically difficult?					
Name of Project					
Name of Project					
20. Is the organization applying for Suretyship, a: <input type="checkbox"/> Union <input type="checkbox"/> Non - Union <input type="checkbox"/> Double – Breasted or <input type="checkbox"/> Open Shop Contractor?					
21. In what geographic area do you work?					
Have you ever worked outside your normal geographic area? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If so, where?					
22. Has the applicant and/or its related companies and owners engaged in:					
Joint Ventures	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Turn - Key Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Foreign Contracts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Design Work	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Real Estate Development	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Contracts Lasting More Than Two Years	<input type="checkbox"/> Yes	<input type="checkbox"/> No

ACCOUNTING

23. Name of Accounting Firm	How Long?	Contact / Phone Number	
24. On what level of assurance are financial statements prepared and how often? (<u>A</u> nual / <u>S</u> emi-Annual / <u>Q</u> uarterly / <u>M</u> onthly)			
CPA Audit:	CPA Review:	CPA Compilation:	Internal:
25. Do you have a full time accountant on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No Years of experience?			
26. In-house software:			
27. Are job records kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how often reviewed?	How often updated?
Do they show job detail?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Frequency?	

BANK LINE(S) OF CREDIT

28. Name of Bank	Contact / Phone Number	Type of Line / Amount

REFERENCES

29. List 3 Architects or Engineers:		
Name of Architect / Engineer	Contact / Phone Number	Owner / Project
30. List 5 Major Suppliers:		
Name of Supplier	Contact / Phone Number	Type of Service / Project
31. List 5 Subcontractors:		
Name of Subcontractor	Contact / Phone Number	Type of Subcontractor

PREVIOUS BONDING COMPANIES

32. Name of Surety	How Long?	Reason for Leaving

LIFE INSURANCE ON KEY PERSONNEL

33. Name of Key Personnel	Amount	Beneficiary

INSURANCE

34. Coverage	Single Limit	Aggregate Limit	Name of Carrier	Expiration Date
General Liability	\$	\$		
Auto Liability	\$	\$		
Umbrella	\$	\$		
Workers Comp	\$	\$		

MISCELLANEOUS

35. Are the companies or shareholders listed above acting as guarantors for bank, surety, or other obligations for companies not already listed on this questionnaire? Yes No If yes, please provide details on a separate sheet of paper.
36. Through what fiscal year have your accounts been cleared as a result of an I.R.S. Audit?
37. Is your company involved in lien actions or law suits not already noted in your latest financial statement? Yes No
If yes, please explain in brief:

COMMENTS

38. Please use this space to provide additional information regarding your work experiences, history, unique capabilities, level and degree of computerization, etc., to have a more complete understanding of your company.

The Applicant hereby represents that the above statements and responses are accurate .

PREPARED BY (Name)	POSITION	SIGNATURE	DATE

INFORMATION NEEDS

In order for us to respond timely to your request for credit, please enclose:

- Last three fiscal year-end financial statements with appropriate supporting schedules
 - Job schedules (both open and closed jobs)
 - Account receivable and payable aging schedules
 - G&A schedule
- Current interim financial statement with appropriate supporting schedules
- Related party (if any) financial statements with appropriate supporting schedules
- Personal financial statements for all owners with appropriate supporting schedules
 - Real estate schedule
 - Marketable securities schedule
 - Investment schedule
- Trust agreements (if any assets of owners are held in Trusts)
- Operational information (i.e., organizational chart, resumes for owners and key personnel, reference letters, business plan outlining type of work, growth, and profit objective)
- Bank information (i.e., copy of bank lines/agreements)
- Continuity plan (i.e., life insurance, buy-sell agreement)
- Limited Liability Company Articles and Operating Agreement (if applicable)