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## CONTRACTOR QUESTIONNAIRE

Contractor \_\_\_\_\_  Individual  
 Partnership  
 Corporation

Address \_\_\_\_\_  
 Street \_\_\_\_\_ Incorporated in what state? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

### OWNERS & SPOUSES:

Legal Name	Title	DOB	% of Ownership	SS No.	Indemnity Available
					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 <input type="checkbox"/>

Any owner ever defaulted on contract? YES  NO  If Yes, attach an explanation.

Business started: \_\_\_\_\_ Date incorporated if corporation: \_\_\_\_\_

**If Sub**, Your Specialty: \_\_\_\_\_

**If GC**, what portion do you do ? (i.e., carpentry, flatwork, etc.)

% usually subbed \_\_\_\_\_ % you do yourself \_\_\_\_\_ % you bond \_\_\_\_\_ Do you bond subs? Yes  No

What is your territory? \_\_\_\_\_

Subsidiaries or affiliates? YES  NO

Are Bonds Needed? YES  NO

**IF YES, PLEASE PROVIDE NAME & DESCRIBE BUSINESS SPECIALTY, OWNERSHIP, PURPOSE, AND ATTACH A CURRENT FINANCIAL STATEMENT.**

**KEY PERSONNEL (ATTACH RESUME IF AVAILABLE):**

Name	Position	Age	Experience
1.			
2.			
3.			
4.			
5.			
6.			

**LARGEST JOBS COMPLETED DURING PAST 5 YEARS**

Contract Amount	Year	Profit	Job Description	Contact Name & Fax Number

**SURETY NEEDS AND GENERAL INFORMATION**

Present Surety \_\_\_\_\_ Agent \_\_\_\_\_

Time w/Surety \_\_\_\_\_ w/Agent \_\_\_\_\_

Has contractor ever been declined by a surety? YES  NO

If YES, explain separately in FULL detail.

Has contractor ever defaulted on contract? YES  NO

If YES, explain separately in FULL detail.

Present Surety need, Single Job Amount? \_\_\_\_\_ Total Program Backlog? \_\_\_\_\_

Union: YES  NO

Union Utilized: \_\_\_\_\_ Contract expires: \_\_\_\_\_

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**INSURANCE:**

Liability limit basic \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Exp. \_\_\_\_\_  
Worker's Compensation (statutory) Carrier \_\_\_\_\_ Exp. \_\_\_\_\_  
Equipment Schedule \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Exp. \_\_\_\_\_

**LIFE INSURANCE & BENEFICIARIES ON KEY PERSONNEL:**

Insured	Beneficiary	Amount	Carrier

Is Buy-Sell Agreement in effect? YES  NO  If so, please attach. If not, will one be considered? YES  NO

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**ACCOUNTING:**

What method of accounting was used to prepare your financial statement?

Cash:  Accrual:  % of Completion:  Completed Contract:

What level of preparation is used?

Audit?  Review?  Compilation?

Have you been audited by the IRS? YES  NO  If so, When and with what result?

Accountant's Name: \_\_\_\_\_ CPA? YES  NO

Address \_\_\_\_\_

Phone \_\_\_\_\_

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**CREDIT REFERENCES (MAJOR SUPPLIERS):**

Name	Address	City	Fax

Does contractor principally Buy  or Lease  Equipment?

Is present equipment schedule sufficient for foreseeable needs? YES  NO

If not, what is needed? \_\_\_\_\_

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**BANKING**

Business Banking: \_\_\_\_\_

Name

Address

Phone

Contact

Line of Credit: \_\_\_\_\_ Secured By: \_\_\_\_\_ Line Expires: \_\_\_\_\_

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**REFERENCES: ARCHITECTS/ENGINEERS/OWNERS FOR WHOM CONTRACTOR HAS WORKED:**

Firm name	Contact Person	Fax Number

SUBMITTED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

Agency \_\_\_\_\_

Producer \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_

**Producer**

\_\_\_\_\_

**PLEASE ATTACH THE FOLLOWING:**

- 1. BUSINESS FINANCIAL STATEMENTS FOR THE PAST 3 FISCAL YEARS.**
- 2. CURRENT INTERIM BUSINESS FINANCIAL STATEMENT IF FYE IS MORE THAN 4 MONTHS AGO.**
- 3. PERSONAL FINANCIAL STATEMENTS FOR ALL OWNERS.**
- 4. CURRENT WORK IN PROCESS REPORT.**
- 5. BANK REFERENCE LETTER INCLUDING AVERAGE BALANCES, LINE OF CREDIT & EXPERIENCE.**
- 6. SCHEDULE OF A/R'S AND A/P'S TO SUPPORT LATEST FISCAL & INTERIM FINANCIAL STATEMENTS.**