

Contractor Questionnaire

Contact Information

Name of Firm: _____ Federal EIN: _____
Address: _____ Contact: _____
City/State/Zip: _____ Title: _____
Phone Number: _____ Fax Number: _____ Email: _____

Company Information

Fiscal Year End: _____ Contracting Specialty: _____ Class: _____
Year Business Started: _____ Type of Business: Corporation Partnership Proprietor Sub. S. Corp.
State of Incorporation: _____ Area of Operation: _____

List the corporation officers, partners or proprietors of your firm: Contractor's License No. _____

Name	Social Security No.	Yr of Birth	Position	Percent Owned	Name of Spouse	Spouse's Social Security No.

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 Corporate Indemnity? Yes No

Is the agreement funded by life insurance? Yes No Cross/Corporate Indemnity? Yes No

How many people does your firm employ? _____ How many work crews? _____

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

If yes, please explain: _____

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

If yes, please explain: _____

What percentage of the firm's work is normally for: Government Agencies _____% Private Owners _____%

What percentage of the firm's work is normally subcontracted: _____%

Are bonds required of subs? Yes No

What trades do you normally subcontract? _____

What is the largest amount of uncompleted work on hand at one time in the past? Amount: \$ _____ Year: _____

What is the largest job you expect to do during the next year? \$ _____

What is the largest uncompleted work program expected during the next year? \$ _____

What is your expected annual volume next year? \$ _____

Contractor Questionnaire

What trades do you normally undertake with your own forces? _____ SIC Code: _____

Do you lease equipment? Yes No Type of lease? _____

What are the terms of the lease? _____

Accounting Information

CPA's Name: _____

Address: _____

Phone: _____ Contact Person: _____

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

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

On what level of assurance are financial statements prepared? CPA Audit Review Compilation

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

Do you have a full-time accountant on staff? Yes No Years experience: _____

Are job cost records kept? Yes No How often reviewed? _____ How often updated? _____

Do they show job detail? Yes No Frequency? _____

Bank Information

Bank Name: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Expiration Date: _____ What is interest rate? _____ %

UCC Filing? Yes No How is credit secured? _____

Is your firm union? Yes No What is firm's Dun & Bradstreet Number? _____

D&B Rating: _____ Pay Record: _____ Date of Rating: _____

Are you an SBA 8 (a) qualified contractor? _____

Remarks: _____

List Five of Your Largest Contracts

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	
_____	_____ \$ _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Design Professional: _____			
Address: _____			Phone: _____	

Previous Bonding Companies

Name	Reason for Leaving
_____	_____
_____	_____
_____	_____

List Five of Your Major Suppliers

Name	Address	Telephone	Contact
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

List Five Subcontractors (or contractors if you are a subcontractor) that you do business with:

- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____
- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____
- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____
- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____
- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____

List Three Architects that you have done business with:

- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____
- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____
- Name: _____ Phone: _____
 Address: _____
 Contact: _____ Job: _____

List Key Personnel, Foreman or Supervisors

Name	Position	Yr. Of Birth	Yrs Experience	Previous Employer
1 _____	_____	_____	_____	_____
2 _____	_____	_____	_____	_____
3 _____	_____	_____	_____	_____
4 _____	_____	_____	_____	_____
5 _____	_____	_____	_____	_____

