Blaisdell Bonding & Insurance Services, Inc. P: (714) 674-1921 F: (714) 672-0625 email: mblaisdell@blaisdellbonding.com

Contractor Questionnaire

Contact Information								
Name of Firm:					Fede	eral EIN:		
Address:				Contac	<u></u>			
City/State/Zip:				Title	e:			
Phone Number:	Fax N	lumber:			:1.			
Company Information								
Fiscal Year End:	Contractin	g Specialty:				Cla	ass:	
Year Business Started:	Туре	of Business:	☐ Corporation	☐ Partne	ership [Proprietor	☐ Sub. S. Co	rp.
State of Incorporation:			Area of Operation	on:				
List the corporation office	rs, partners or p	proprietors	of your firm:	Contracto	r's Licen	se No		
Name	Social Security No.	Yr of Birth	Position		Percent Owned	Name of Spo	Spouse's	s Social
Hume	occurry No.	Dirtii	rosition		Owned	realite of opt	occuir	.y 110.
Will the above individuals and s								
Is there a buy/sell agreement a	_		ss?			-	Yes N	
Is the agreement funded by life How many people does your fir			How many wor		ross/Cor	porate indem	nity? Yes	∐ No
Has your firm or any of its princ to a Surety? ☐ Yes ☐ No	·			_	efaulted s	o as to cause	a loss	
If yes, please explain:								
ls your firm or any of its owners		-		-		emnity?	Yes 🗌 No	
What percentage of the firm's v	vork is normally for	: Govern	ment Agencies		%	Private Ov	wners	%
What percentage of the firm's v	ork is normally su	bcontracted:_		.%				
Are bonds required of subs?	☐ Yes ☐ No							
What trades do you normally su								
What is the largest amount of u								
What is the largest uncomplete	_	-	\$					
What is the largest uncomplete What is your expected annual v		•	-					
vinatio your expected annual v	ordine next year?	Ψ						

Contractor Questionnaire

What trades do you normally undertake v	vith your own forces? _		SIC Code:		
Do you lease equipment? Yes					
What are the terms of the lease?					
Accounting Information					
CPA's Name:					
Address:					
Phone:					
On what basis are taxes paid? Cash	n 🔲 Completed Job	☐ Accrual ☐ % of 0	Completion		
On what basis are financial statements p	repared? Cash	☐ Completed Job ☐ /	Accrual 🔲 % of Complet	ion	
On what level of assurance are financial	statements prepared?	☐ CPA Audit ☐ Rev	view Compilation		
How often are financial statements prepa					
Do you have a full-time accountant on sta					
Are job cost records kept?					
Do they show job detail? Yes	No	Frequency?			
Bank Information					
Bank Name:					
Address:					
Phone:		son:			
Amount of line of credit: \$	Exp	iration Date:	What is interest ra	ate?	%
UCC Filing?	How is credit secur	red?			
Is your firm union?	What is firm's Dun	& Bradstreet Number?			
D&B Rating:	Pay Record:		Date of Rating:		
Are you an SBA 8 (a) qualified contra	actor?				
Remarks:					
List Five of Your Largest Cont	racts				
Job Name	Contract Price	Gross Profit	Completion Date	Bonded?	
		\$		☐ Yes	☐ No
Owner:		ofessional:			
Address:			Phone:		
				☐ Yes	☐ No
Owner:		·			
Address:					
				☐ Yes	☐ No
Owner:		ofessional:			
Address:					
Outpor	Dooign Pr	\$ofessional:		☐ Yes	☐ No
Owner:		-	Phone:		
Address:		•		☐ Yes	□ No
Owner:	Design Pr	ofessional:		□ res	□ 140
			Phone:		
Address:			1 none		

Previous Bonding Cor	-	Reason for Leaving				
List Five of Your Majo	r Suppliers Address		Telephone	e Contact		
1			,			
		_				
5						
List Five Subcontracto	ors (or contractors if you	u are a subo	contractor) that	you do business with:		
4 11	·			Phone:		
Address:						
Contact:		ob:				
				Phone:		
Address:						
Contact:		ob:				
3. Name:				Phone:		
Address:						
Contact:	Jo	ob:				
4. Name:				Phone:		
Address:						
Contact:	Jo	ob:				
				Phone:		
Address:						
Contact:		ob:				
List Three Architects t	hat you have done busi	ness with:				
1. Name:				Phone:		
Address:						
Contact:		ob:				
				Phone:		
Address:						
Contact:		ob:		DI.		
				Phone:		
Address:						
Contact:	<u>'</u>	ob:				
List Key Personnel, Fo	oreman or Supervisors	Yr. Of	Yrs			
Name	Position	Birth	Experience	Previous Employer		
1	_					
2	_					
3	_					
	_					
5						

Contractor Questionnaire

nsurance Company: S	List Any Life Insurance	Se III Ellect Off Ne	Beneficiary		Amount	Cash Value
Insurance Company: S	Name		Bellelicialy			Casii value
Insurance Company: S	Insurance Company:			-		
Insurance Company: S						
BI Limits in 1000's PD Carrier Expiration Date 1 General Liability: \$ \$ \$ \$	nsurance Company:					
BI Limits in 1000's PD Carrier Expiration Date 1 General Liability: \$ \$ \$ \$				\$		<u> </u>
1 General Liability: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Insurance Company:					
1 General Liability: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$						
2 Auto Liability: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$		BI Limits in '000's	PD	Carrie	er	Expiration Date
3 Umbrella: \$ \$ \$ 4 Owner's Protection: \$ \$ List any Subsidiaries and Affiliates of the Contracting Firm: Firm Name Ownership Type of Business NANDA Code 1. 2. 3. 4. 5. Remarks: Certification: I certify that all information is complete and correct, and its given to include the designated surety company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I authorize the designated surety company to obtain credit information, and to make such other investigation as it deems necessary to underwrite this application. Completed by: Title:	1 General Liability: \$	\$				
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Firm Name Ownership Type of Business NANDA Code 1	4 Owner's Protection: \$					
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2					ness	NANDA Code
3	1					_
4	2					
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Title:	инастипне инэ аррисацин.		Completed by:			
Date:			Title:			
			Date:			