

## CONTRACTOR'S QUESTIONNAIRE

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Address: \_\_\_\_\_ Fax # \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Federal ID # \_\_\_\_\_ Website \_\_\_\_\_

\_\_\_\_ "C" Corp.    \_\_\_\_ "S" Corp.    \_\_\_\_ Partnership    \_\_\_\_ LLC    \_\_\_\_ Sole Proprietorship

1. Type of construction engaged in: \_\_\_\_\_

2. Geographical area: \_\_\_\_\_

3. Date business formed: \_\_\_\_\_ 4. Are you a union or non-union firm? \_\_\_\_\_

## ORGANIZATION AND BACKGROUND

5. List of officers and key personnel who have ownership in this business

Full Name	Title	Date of birth	% of owner ship	No. of yrs. construction experience	Social Security number	If married, spouse's full name

6. Will personal indemnity of the owners/stockholders be pledged to the surety? \_\_\_\_ YES \_\_\_\_ NO  
(Attach personal financial statements of firm's owners that are concurrent with fiscal-year-end of firm)

7. Is a buy-sell agreement in effect? \_\_\_\_ YES \_\_\_\_ NO                      If yes, attach copy.

If buy-sell agreement is not available, what are the buy-out provisions: \_\_\_\_\_

\_\_\_\_\_

How is the continuity of the business to be funded? \_\_\_\_\_

\_\_\_\_\_

## SCOPE OF OPERATION

8. What size contracts do you think your firm is best able to handle? \$ \_\_\_\_\_
9. What was your largest amount of work-on-hand in the past year? \$ \_\_\_\_\_  
 In the past 5 years? \$ \_\_\_\_\_ Which year? \_\_\_\_\_
10. Desired annual sales volume: \$ \_\_\_\_\_ 3 years from now: \$ \_\_\_\_\_
11. Desired amount of work-on-hand at one time: \$ \_\_\_\_\_ 1 year from now: \$ \_\_\_\_\_
12. Desired maximum single job size: \$ \_\_\_\_\_ 1 year from now: \$ \_\_\_\_\_
13. Percentage of work done as: Prime Contractor \_\_\_\_\_% vs. Subcontractor \_\_\_\_\_%  
 Public Contracts \_\_\_\_\_% vs. Private Contracts \_\_\_\_\_%  
 Bonded Contracts \_\_\_\_\_% vs. Non-Bonded Contracts \_\_\_\_\_%
14. How much of your annual sales volume is sublet to others \_\_\_\_\_%  
 Are bonds required from subcontractors? \_\_\_\_YES \_\_\_\_NO When? \_\_\_\_\_

15. Largest or most important jobs that your firm has completed.

Contract Price	Description of Job	Name of Owner or General Contractor	Year Complete	Bonded?

16. Has your firm or any of its owners ever:
- A. Defaulted on a contract? \_\_\_\_YES \_\_\_\_NO If yes, give details \_\_\_\_\_
- B. Caused a surety to pay a loss? \_\_\_\_YES \_\_\_\_NO If yes, give details \_\_\_\_\_
- C. Petitioned for bankruptcy? \_\_\_\_YES \_\_\_\_NO If yes, give details \_\_\_\_\_
17. Is your firm presently engaged in any litigation \_\_\_\_YES \_\_\_\_NO If yes, explain \_\_\_\_\_
18. Who was your prior bonding company? \_\_\_\_\_  
 Reason for changing bonding company? \_\_\_\_\_
19. Are any new ventures contemplated? \_\_\_\_YES \_\_\_\_NO If yes, please explain \_\_\_\_\_

**CREDIT INFORMATION**

20. Please list your firm's principal suppliers.

Name of Supplier	Address	Contact Name	Telephone Number

21. Name & address of your bank: \_\_\_\_\_

Contact name and phone number: \_\_\_\_\_

Line of credit approved: \$ \_\_\_\_\_ Amount presently available: \$ \_\_\_\_\_

Line of credit secured by: \_\_\_\_\_

22. Your CPA/Accountant name and address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_ E-mail: \_\_\_\_\_

23. What method of accounting is used in preparing statements?

\_\_\_\_ % of completion    \_\_\_\_ Completed contract    \_\_\_\_ Simple accrual    \_\_\_\_ Cash

24. On what basis of accounting are taxes paid?

\_\_\_\_ % of completion    \_\_\_\_ Completed contract    \_\_\_\_ Simple accrual    \_\_\_\_ Cash

25. How frequently are job costs reviewed? \_\_\_\_\_ By whom? \_\_\_\_\_

Have any changes occurred since your firm's last financial statement, such as purchase of additional equipment or other fixed assets, loans to officers, investments or withdrawals that would significantly affect the financial condition of your firm?    \_\_\_\_ YES    \_\_\_\_ NO    If yes, please explain \_\_\_\_\_

\_\_\_\_\_

The information given above is true to the best of my knowledge and belief .

By: \_\_\_\_\_ Date \_\_\_\_\_  
Name and Title

*Please attach a copy of your current insurance certificate.*