

# CONTRACTOR'S QUESTIONNAIRE

Contractor's full business name as licensed: \_\_\_\_\_

Business Address \_\_\_\_\_ Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Bus. Phone: ( ) \_\_\_\_\_

The firm is a:  Corporation (Circle here if Subchapter S)  Partnership  Sole Proprietorship

A. Type of Construction \_\_\_\_\_ Year this business started: \_\_\_\_\_

B: What percentage of your work is performed as a general contractor \_\_\_\_\_ % as a subcontractor \_\_\_\_\_ %

What percentage of your work do you typically sub to others \_\_\_\_\_ % Do you bond your major subcontractors? \_\_\_\_\_

C List construction license types held by firm with license number and state \_\_\_\_\_

D Largest work on hand of company at any one time was \$ \_\_\_\_\_ during 19 \_\_\_\_\_ and consisted of \_\_\_\_\_ contracts

Yes NO

E Is the company a subsidiary, parent, or holding company of any other company?  Yes  NO

F Has there been any change in the control of the company or related entity in the past three years?  Yes  NO

G Has the company ever failed to complete a contract?  Yes  NO

H Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been in receivership?  Yes  NO

I Are there any liens filed against the company's or related entity's projects?  Yes  NO

J Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor?  Yes  NO

K Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted?  Yes  NO

L Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?  Yes  NO

M Are you involved in any litigation?  Yes  NO

N Do you have a continuity plan? (Attach copy of any written agreement.)  Yes  NO

O Are any assets of the company or any indemnitor held in trust? (Attach copy of Trust Agreement.)  Yes  NO

Explain all "YES" answers below : use additional pages if necessary

**PRINCIPALS OF THE COMPANY ARE:**

NAME		POSITION OR TITLE WITH THIS FIRM			% OF OWNERSHIP IN THIS FIRM	
RESIDENCE ADDRESS		CITY	STATE	ZIP	SPOUSE'S NAME	
					HOME PHONE ( )	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN
PERSONAL BANKING: Name			Address		Account Numbers	

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RESIDENCE ADDRESS		CITY	STATE	ZIP	SPOUSE'S NAME	
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					HOME PHONE ( )	
DRIVER'S LICENSE NO.	SOCIAL SECURITY NO.		HOW LONG IN THIS INDUSTRY		HOW LONG WITH THIS FIRM	YEAR BORN
PERSONAL BANKING: Name			Address		Account Numbers	

# REFERENCES

## List the four largest contracts completed in the last five years:

A. Owner/General Contractor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Gross Profit (Loss) \$ \_\_\_\_\_ Year Completed \_\_\_\_\_  
Job Description/Location \_\_\_\_\_ Bonded? \_\_\_\_\_

B. Owner/General Contractor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Gross Profit (Loss) \$ \_\_\_\_\_ Year Completed \_\_\_\_\_  
Job Description/Location \_\_\_\_\_ Bonded? \_\_\_\_\_

C. Owner/General Contractor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Gross Profit (Loss) \$ \_\_\_\_\_ Year Completed \_\_\_\_\_  
Job Description/Location \_\_\_\_\_ Bonded? \_\_\_\_\_

D. Owner/General Contractor \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_  
Contract Price \$ \_\_\_\_\_ Gross Profit (Loss) \$ \_\_\_\_\_ Year Completed \_\_\_\_\_  
Job Description/Location \_\_\_\_\_ Bonded? \_\_\_\_\_

## List three architects or engineers who are familiar with your work:

A. Individual's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_

B. Individual's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_

C. Individual's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Firm Name \_\_\_\_\_  
Address \_\_\_\_\_

## List five principal material suppliers:

A. Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_

B. Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_

C. Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_

D. Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_

E. Firm Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Address \_\_\_\_\_ Contact Person \_\_\_\_\_

**BUSINESS BANKING**

Name of Bank \_\_\_\_\_ Address \_\_\_\_\_  
 Whom to Contact at Bank \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Years with Bank \_\_\_\_\_  
 Account Numbers \_\_\_\_\_  
 Do you have a line of credit? If so, how much \$ \_\_\_\_\_ How Secured? \_\_\_\_\_ How much in use \$ \_\_\_\_\_  
 (Attach copies of Business/Personal Bank Statements that will verify cash balances.)

**ACCOUNTING**

Name of accounting firm \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ Years with this firm \_\_\_\_\_  
 Whom to contact \_\_\_\_\_  
 Fiscal year end is \_\_\_\_\_. How often are financial statements prepared? \_\_\_\_\_  
 Does this accounting firm also prepare the business tax returns? \_\_\_\_\_ Date of last IRS audit \_\_\_\_\_  
 Results \_\_\_\_\_

**BONDING/INSURANCE**

Who is your most recent bonding company? \_\_\_\_\_  
 Location \_\_\_\_\_ Underwriter \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Years with this bonding company \_\_\_\_\_ Largest single contract bonded \$ \_\_\_\_\_  
 Reason for changing surety? \_\_\_\_\_  
 Have you provided collateral to the bonding company? \_\_\_\_\_ If yes, describe \_\_\_\_\_  
 Bond Credit desired: Single Contract \$ \_\_\_\_\_ Total Work Program at any one time \$ \_\_\_\_\_  
 Who is your agent for insurance? \_\_\_\_\_  
 Does your company carry insurance on:

**NOTE:** It may be necessary to verify that specific insurance is in full force & effect prior to bond insurance.

	YES	NO	LIMITS
• Liability with completed operation	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____

Business Life or Key man insurance:

INSURED	BENEFICIARY	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce Financial Pacific Insurance Company (hereinafter called Surety) to execute or procure the execution of Surety bonds, and any extension, modification, or renewal thereof, addition thereto, or substitution therefor. Each of the undersigned further affirms that he understands that suretyship is credit, and authorizes Surety, or its authorized agent to gather information it considers necessary for evaluating whether or not credit should be granted.

DATE: \_\_\_\_\_ contractor company name  
 BY: \_\_\_\_\_ TITLE: \_\_\_\_\_

SUBMITTED THROUGH: \_\_\_\_\_  
 broker/agency address  
 contact person phone