



CONTRACTOR'S QUESTIONNAIRE

GENERAL INFORMATION:

NAME: _____ FEDERAL ID NUMBER: _____
ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____
TELEPHONE: () _____ FAX: () _____
EMAIL ADDRESS: _____ WEBSITE: _____
SUBSIDIARIES OR AFFILIATED COMPANIES: _____ FEDERAL ID NUMBERS: _____

TYPE OF WORK: _____ GENERAL CONSTRUCTION _____ PLUMBING CONSTRUCTION
_____ MECHANICAL CONSTRUCTION _____ ELECTRICAL CONSTRUCTION
_____ HEAVY CONSTRUCTION _____ HIGHWAY CONSTRUCTION
_____ SPECIALTY _____ OTHER _____

IS YOUR FIRM: _____ UNION _____ NON-UNION

ORGANIZATIONAL INFORMATION:

DATE YOUR ORGANIZATION WAS ESTABLISHED: _____
TYPE OF ORGANIZATION: ___ Proprietorship ___ Partnership ___ "S" Corporation ___ "C" Corporation ___ Limited Liability Corporation
List the Proprietor or all Partners, Shareholders and/or Corporate Officers (whichever is applicable):

Name/Social Security #	Date of Birth	Position	Ownership %	Spouse Name/Social Security #

WILL ALL STOCKHOLDERS/PARTNERS/OWNERS AND THEIR SPOUSES PERSONALLY INDEMNIFY THE SURETY? ___ Yes ___ No
If no, please explain: _____

EXPERIENCE:

HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO IT? ___ YES ___ NO
If yes, please explain: _____

IS YOUR COMPANY PRESENTLY INVOLVED IN ANY LITIGATION? ___ YES ___ NO
If yes, please explain: _____

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: _____

WHAT PORTION OF YOUR WORK IS FOR: _____ GOVERNMENT AGENCIES _____ PRIVATE OWNERS

IN WHAT STATES/AREAS DO YOU NORMALLY OPERATE? _____

ON AVERAGE, WHAT PORTION OF YOUR WORK IS NORMALLY SUBCONTRACTED? _____%

DO YOU NORMALLY REQUIRE BONDS OF SUBS? ___ YES ___ NO

DO YOU ENGAGE IN JOINT VENTURES? ___ YES ___ NO

LIST FIVE (5) OF THE LARGEST CONTRACTS COMPLETED BY YOUR COMPANY IN THE LAST FIVE (5) YEARS:

1. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____
2. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____
3. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____
4. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____
5. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____

REFERENCES:

LIST FIVE (5) OF YOUR MAJOR SUPPLIERS:

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

LIST FIVE (5) SUBCONTRACTORS (OR CONTRACTORS IF YOU ARE A SUBCONTRACTOR) YOUR COMPANY HAS DONE BUSINESS WITH:

1. Name: _____ Contact: _____ Telephone: _____
Job: _____
2. Name: _____ Contact: _____ Telephone: _____
Job: _____
3. Name: _____ Contact: _____ Telephone: _____
Job: _____
4. Name: _____ Contact: _____ Telephone: _____
Job: _____
5. Name: _____ Contact: _____ Telephone: _____
Job: _____

IF YOU HAVE PREVIOUSLY BEEN BONDED, STATE NAME OF BONDING COMPANY(IES) AND REASON FOR CHANGE:

1. Name: _____ Reason for Change: _____
2. Name: _____ Reason for Change: _____
3. Name: _____ Reason for Change: _____

INSURANCE INFORMATION:

1. Agency: _____
2. Carrier: _____ Expiration Date: _____

FINANCIAL:

WHAT IS YOUR COMPANY'S FISCAL YEAR END: _____

WHO IS YOUR INDEPENDENT ACCOUNTING FIRM:

Name of Firm: _____

Address: _____

Telephone: () _____ Fax: () _____

Contact Person: _____

ON WHAT BASIS ARE TAXES PAID? Cash Completed Contract Accrual Percentage of Completion

WHEN ARE FINANCIAL STATEMENTS PREPARED: Year End Six Months Quarterly

DOES YOUR OFFICE INCLUDE A FULL TIME ACCOUNTANT? Yes No

If yes, how long have they been employed by your company? _____

ARE INDIVIDUAL JOB COST RECORDS PREPARED? Yes No

If yes, how often are they reviewed/updated and by whom? _____

BANK INFORMATION:

1. Name of Bank: _____ Contact: _____ Telephone: _____

Amount of Line: _____ Secured by: _____ Amount Available: _____

2. Name of Bank: _____ Contact: _____ Telephone: _____

Amount of Line: _____ Secured by: _____ Amount Available: _____

3. Name of Bank: _____ Contact: _____ Telephone: _____

Amount of Line: _____ Secured by: _____ Amount Available: _____

CONTINUITY:

BUSINESS CONTINUATION PROVISIONS (Attach copies of Buy/Sell Agreement, Life Insurance, Employment Contracts, etc.):

SIGNED BY: _____ TITLE: _____ DATE: _____

CHECKLIST:

In order to provide a complete submission to the surety market(s), we ask that you use the following checklist as a reference when providing the necessary underwriting information:

Seal Imprint

Brochure, Business Card or Other Advertising Material

Resumes of Key Personnel

Copy of Buy/Sell Agreement or Continuity Plan

Prior Three Years Fiscal Year End CPA Prepared Financial Statements

Current Personal Financial Statement of All

Owners/Partners/Stockholders and Spouses

Interim Financial Statements

Schedule of Accounts Receivable as of Fiscal Year End Financial Statement

Current Corporate Tax Return

Current Personal Tax Return

Current Work in Progress Schedule

Current Bank Line of Credit Letter

Prequalification Statements (DOT, AIA, etc.)

Equipment Schedule

Certificate of Insurance

Other _____