

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

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 THREE (3) 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: \_\_\_\_\_

**FINANCIAL:**

WHAT IS YOUR COMPANY'S FISCAL YEAR END: \_\_\_\_\_

WHO IS YOUR INDEPENDENT ACCOUNTING FIRM:

Name of Firm: \_\_\_\_\_

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? \_\_\_\_\_

INSURANCE INFORMATION:

1. Agency: \_\_\_\_\_

2. Carrier: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**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: \_\_\_\_\_

**JOB DETAILS:**

FOR BID BONDS PLEASE FILL OUT THE JOB SPECIFIC INFORMATION THROUGH OUR ONLINE SYSTEM [HERE](#).

FOR PERFORMANCE, PAYMENT AND MAINTENANCE BOND REQUESTS FILL OUT THE JOB SPECIFIC INFORMATION [HERE](#).

**CREDIT CHECK AUTHORIZATION:** Principal and Indemnitor(s) expressly authorize the Surety to Access their credit reports (through soft inquiry) and to make such pertinent inquires as may be necessary from third party sources for the following purposes: (A) to verify information supplied to the Surety, (B) for underwriting purposes, and (C) upon receipt of a Notice of Claim or potential claim under any bond, for debt collection.

SIGNED BY: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_