



CONTRACTOR'S QUESTIONNAIRE

BACKGROUND & BUSINESS INFORMATION

Name of Firm: _____
Contact Name: _____ Email address: _____
Address: _____
City: _____ State: _____ Zip: _____ Website: _____
Phone: _____ Fax: _____ State of Incorporation: _____
Year started: _____ Federal Employer I.D. Number: _____ Fiscal Year End Date: _____
Type of Business: Proprietorship Partnership LLC S-Corporation C-Corporation

OWNERS

List all Owners, Proprietors, Partners and Officers of the Firm:

Name: _____ Position: _____ Ownership % _____ Date of Birth: _____
SSN: _____ Spouse's Name: _____ Spouse's SSN: _____
Residential Address: _____

Name: _____ Position: _____ Ownership % _____ Date of Birth: _____
SSN: _____ Spouse's Name: _____ Spouse's SSN: _____
Residential Address: _____

Name: _____ Position: _____ Ownership % _____ Date of Birth: _____
SSN: _____ Spouse's Name: _____ Spouse's SSN: _____
Residential Address: _____

Name: _____ Position: _____ Ownership % _____ Date of Birth: _____
SSN: _____ Spouse's Name: _____ Spouse's SSN: _____
Residential Address: _____

Will all owners and their spouses personally indemnify? Yes No
Is there a buy/sell agreement in place among the owners of the business? Yes No
Is this agreement funded by life insurance? Yes No
Do any of the above indemnitors have a Trust? Yes No

KEY PERSONNEL

	Name:	Position:	Date of Birth:	Years of experience	
				With this firm:	Total:
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

SUBSIDIARIES & AFFILIATES

Subsidiaries and affiliates of the applicant firm:

Name of Entity	Ownership %	Type of Business	Cross Corp Indemnity?	
1. _____	_____	_____	___ Yes ___ No	___ No
2. _____	_____	_____	___ Yes ___ No	___ No
3. _____	_____	_____	___ Yes ___ No	___ No
4. _____	_____	_____	___ Yes ___ No	___ No

SCOPE OF OPERATIONS

Contracting Specialty: _____ Other Classes of Work: _____

Geographic Area of Operation: _____

What percentage of the firm's work is normally performed as:

Prime contractor _____% Subcontractor _____%

Public work _____% Private work _____%

What percentage of work is normally subcontracted? _____%

What trades do you normally subcontract? _____

What trades do you normally undertake with your own forces? _____

Is your firm union? ___ Yes ___ No Number of Employees? _____ Number of Crews? _____

Certifications: ___ 8a ___ HubZone ___ SDVOSB Other: _____

Largest job expected during the next year: _____

Largest backlog expected during the next year: _____

Largest backlog to date _____ Number of jobs _____ Year _____

Any disputes, claims, liens or pending litigation? ___ Yes ___ No (If yes, please attach explanation)

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contractor, or caused a loss to a surety? ___ Yes ___ No (If yes, please attach explanation)

FINANCIAL INFORMATION

Name of your CPA Firm: _____ Contact Name: _____

On what basis are taxes paid: ___ Cash ___ Completed Job ___ Accrual ___ % of Completion

On what basis are financial statements prepared: ___ Cash ___ Completed Job ___ Accrual ___ % of Completion

On what level of assurance are financial statements prepared? ___ CPA Audit ___ Review ___ Compilation

How often are internal financial statements prepared? ___ Monthly ___ Quarterly ___ Semi Annually ___ Annually

Do you have a full time accountant on staff? ___ Yes ___ No Name: _____

Accounting software: _____ Estimating software: _____ Job cost software: _____

BANKING INFORMATION

Name of Bank: _____ Contact name: _____
Address: _____ Phone: _____ Email: _____
With this bank since: _____
Line of Credit amount: \$ _____ Expiration Date: _____ Secured by: _____
Other Banks: _____ Purpose: _____

INSURANCE

Insurance Agency: _____ Agent's Name: _____
Agent's Phone: _____ Agent's Email: _____
Key expiration dates: _____

JOB EXPERIENCE

Largest single job completed \$ _____ Year _____
Largest single job bid \$ _____ Year _____

List your five largest contracts

1. Job description _____ Owner/GC _____
Contract Price _____ Final gross profit _____ Bonded? ___ Yes ___ No
Location _____ Contact name _____ Phone _____
Completion date _____
2. Job description _____ Owner/GC _____
Contract Price _____ Final gross profit _____ Bonded? ___ Yes ___ No
Location _____ Contact name _____ Phone _____
Completion date _____
3. Job description _____ Owner/GC _____
Contract Price _____ Final gross profit _____ Bonded? ___ Yes ___ No
Location _____ Contact name _____ Phone _____
Completion date _____
4. Job description _____ Owner/GC _____
Contract Price _____ Final gross profit _____ Bonded? ___ Yes ___ No
Location _____ Contact name _____ Phone _____
Completion date _____
5. Job description _____ Owner/GC _____
Contract Price _____ Final gross profit _____ Bonded? ___ Yes ___ No
Location _____ Contact name _____ Phone _____
Completion date _____

REFERENCES

Major suppliers: (largest volume first)

Name	Address:	Contact:	Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Major subcontractors (or General/Primes if you are a subcontractor): (largest volume first)

Name	Address:	Contact:	Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

Owner/General Contractor References:

Name	Address:	Contact:	Phone:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____

BONDING

Name of current surety: _____

Name of current agency: _____

How long with current surety: _____ Reason for changing? _____

Has collateral been deposited with any prior surety? ___ Yes ___ No

Amount \$ _____ Released? ___ Yes ___ No

Bond credit desired: Single Job \$ _____ Total Work Program \$ _____

ATTACHMENTS

Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules.

Current interim financial statement, work in progress schedule and A/R & A/P aging schedules.

Financial statements of affiliates or subsidiaries.

Current personal financial statement for all indemnitors

Bank line of credit agreement.

Tax returns on corporation if CPA statements are not prepared.

Current insurance certificates.

Resumes on owners and key personnel.

Copy of contract/subcontract pertaining to the bond needed

Buy/Sell agreement

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____ Date: _____