



United Fire & Casualty Company

118 Second Avenue SE POBox 73909 Cedar Rapids, Iowa 52407-3909

CONTRACTOR'S QUESTIONNAIRE

Agency Name _____ Agency Number _____

Name _____ Name of Spouse _____

Address _____

Phone _____ Social Security Number _____
Federal Tax Number _____ Bank Account Number _____

- ☐ Corporation
☐ Partnership
☐ Limited Partnership
☐ Proprietorship

I. ORGANIZATION AND BACKGROUND

A. Date Business Formed _____ B. Date Incorporated _____

C. If SUCCESSOR to Prior Business, Name of Predecessor _____

D. List of Officers/ Owners and Key Personnel:

NAME	POSITION AND RESPONSIBILITY	% OF OWNERSHIP	AGE	YEARS & EXPERIENCE IN CONSTRUCTION

E. List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have an interest:

NAME & ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

F. Name surety company presently providing contact bonds and through which agency.

G. What company (or companies) was Surety prior to present one?

H. State limits and Carrier of Liability and Compensation Insurance.

II. SCOPE OF OPERATION.

Type of Construction _____ Territory _____

A. What percentage of work is as: 1. prime? _____ 2. sub? _____

B. How much of an average job is: 1. subbed? _____ 2. made up of materials? _____

C. Are bonds required from subcontractors? _____ When? _____

D. What was largest work-on-hand handled in the past?

When?

E. What size jobs and total work program does contractor feel best able to handle?

F. Approximately what percent of work required contract bond?

G. Is this a union or non-union contractor?

H. Has contractor or any of the owners ever:

1. defaulted on a contract? _____ If yes, give details

2. caused a Surety to pay a loss? _____ If yes, give details

3. declared bankruptcy? _____ If yes, give details

I. List of Largest Jobs Completed.

CONTRACT PRICE	YEAR	TYPE WORK	NAME AND ADDRESS OF ARCHITECT/ENGINEER	OWNER OR GENERAL CONTRACTOR	DESCRIPTION OF JOB

J. Give a list of uncompleted work on hand at present.

OWNER	KIND OF WORK AND LOCATION	NAME & ADDRESS OF ARCHITECT	CONTRACT PRICE	% COMPLETE	DATE TO BE COMPLETED

K. In regard to present work-on-hand:

1. Were bids in line with other bidders? _____
2. Are projects all on schedule? _____
3. Are there any delays or disputes? _____

L. In regard to contractor's equipment:

1. Is equipment adequate for work program desired? _____
2. If not, what expenditures are anticipated? _____
3. Is equipment owned? _____ or leased? _____

III. CREDIT INFORMATION

A. CREDITORS: List of Suppliers from whom Contractor buys most materials

NAME	STREET ADDRESS	CITY, STATE, ZIP	PHONE

B. Are bills paid in a discount/prompt manner? _____ If not, why?

C. Bank

NAME AND ADDRESS	BANK OFFICER	LINE OF CREDIT ESTABLISHED	NATURE OF SECURITY AND/OR NAME OF ENDORSER

D. Life Insurance

AMOUNT	INSURED	BENEFICIARY	INSUROR	CASH SURRENDER VALUE

IV. FINANCIAL DATA

****ATTACH COMPLETE, LAST THREE (3) FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS)****

- A. What is fiscal year-end? _____
- B. If statements are not audits, will one be considered? _____
- C. Name and address of present accountant _____
- D. What method of accounting is used in preparing statements? ☐ Completed Contract ☐ % of Completion ☐ Simple Accrual
- E. On what basis of accounting are taxes paid? ☐ Completed ☐ Contract ☐ % of Completion ☐ Accrual ☐ Cash
- F. Have stockholders elected to be considered a "Sub Chapter 'S' Corporation?" _____
- G. In what year was contractor last checked by I.R.S.? _____
- H. What portion of inventory shown on financial statement is material for jobs in progress? _____
- I. Is personal indemnity of the owners/stockholders available? _____
- Whose? _____

****ATTACH PERSONAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR****

- J. Is a buy-sell agreement in effect? _____ How funded? _____
- K. Have operations been profitable since statement date? _____
- L. Have any changes occurred since statement date, such as acquisitions of additional equipment, purchase of fixed assets, loans to officers, investments, withdrawals, or dividends that would significantly affect financial condition of contractor?

- M. Are any new ventures or investments contemplated? _____

V. NEEDS

- A. Desired annual volume _____
- B. Desired maximum uncompleted work-on-hand at any one time _____
- C. Desired maximum size of single job _____

The above answers are true to the best of my knowledge and belief.

SIGNATURE

DATE