

PROPRIETORSHIP
PARTNERSHIP
"C" CORP.

☐ "S" CORP. ☐ OTHER

CONTRACTOR'S QUESTIONNAIRE

NAME OF BUSINESS (OR TRADESTYLE):

ADDRESS:

PHONE #: _____

TAX I.D. #:

DATE BUSINESS STARTED:

DATE INCORPORATED:

IF SUCCESSOR TO PRIOR BUSINESS, NAME OF PREDECESSOR:

LIST ORGANIZATION'S PRINCIPALS, OFFICERS, KEY EMPLOYEES (PROJ. MGRS., SUPTS., ESTIMATORS, ETC.) & INDICATE CONSTRUCTION EXPERIENCE. ATTACH RESUMES, IF AVAILABLE.

NAME	POSITION	DATE OF BIRTH	% STOCK	EXPERIENCE

(If Additional space is needed, attach separate sheet)

	L INDEMNITY											
AVAILABLE	? YES 🗌 NO 🗌	. LIST	BELOW T	HE FULL LE	GAL NAM	ME, ADDRES	S AND	SOCIAL S	ECURITY	NUMBER	OF EACH PA	ARTY AND
RESPECTIVE	E SPOUSE.											

NAME	HOME ADDRESS & ZIP CODE	SOCIAL SEC. #

LIST AFFILIATES, SUBSIDIARIES OR RELATED COMPANIES IN WHICH THIS FIRM OR ITS STOCKHOLDERS HAVE AN INTEREST:

	RELATIONSHIP TO	% OWNERSHIP BY
COMPANY	PRINCIPAL	PRINCIPAL

TYPES OF CONSTRUCTION WORK YOU DO:

Have you been, or do you intend to become involved in design/build work, real estate development, turnkey projects or speculative building? Yes \Box no \Box . If so, please attach full explanation.

TERRITORY OF OPERATIONS:

LIST THE SIX LARGEST CONTRACTS YOU HAVE DONE IN THE LAST 5 YEARS:

OWNER/TITLE	JOB DESCRIPTION	JOB LOCATION	CONTRACT PRICE	PROFIT (GROSS)	YEAR DONE

* If your contract was with another contractor, show that contractor's name and address.

PRESENT UNCOMPLETED WORK:

OWNER/TITLE	JOB DESCRIPTION	JOB LOCATION	CONTRACT PRICE	% DONE	EXPECTED COMPLETION DATE

ARE ALL UNCOMPLETED PROJECTS ON SCHEDULE? YES □ NO □. ARE THERE ANY DISPUTES, DELAYS OR OTHER PROBLEMS? YES □ NO . IF SO, ATTACH FULL EXPLANATION.

WHAT SURETY COMPANIES HAVE FURNISHED BONDS FOR YOU IN THE PAST, IN WHAT AMOUNTS & THROUGH WHICH AGENCY?

NAME SIX SUPPLIERS FROM WHICH YOU BUY MOST OF YOUR MATERIALS:

NAME	ADDRESS	Phone#	E-mail

WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND YOU HAVE EVER HAD AT ONE TIME?

Year?

WHAT SIZE JOB & TOTAL WORK PROGRAM DO YOU FEEL BEST ABLE TO HANDLE?

SIZE _____ TOTAL COMPLETION COST? _____

WHAT DATE IS YOUR FISCAL YEAR END?

AT WHICH BANK HAVE YOU ESTABLISHED A FORMAL LINE OF CREDIT:

BANK	ADDRESS	LINE AMOUNT	COLLATERAL

IS THERE A BUY-SELL AGREEMENT IN EFFECT? YES \Box NO \Box . IF SO, PLEASE PROVIDE A COPY. IF NOT, ATTACH FULL EXPLANATION OF CONTINUITY ARRANGEMENTS:

LIFE INSURANCE

INSURED	AMOUNT	BENEFICIARY	TYPE-WHOLE LIFE, TERM, ETC.

ARE THERE ANY TRUST AGREEMENTS IN EFFECT? YES \Box NO \Box . IF SO, PLEASE ATTACH COPY. DOES THIS TRUST NOW HOLD, OR WILL HOLD AT SOME FUTURE DATE ANY OF THE COMPANY STOCK OR ASSETS? YES \Box NO \Box

DO YOU BOND SUBS? YES IN NO . IF NOT, HOW DO YOU PREQUALIFY THEM?

HAVE YOU OR ANY OFFICER, PARTNER, STOCKHOLDER OR PRINCIPAL EVER FILED FOR BANKRUPTCY OR BEEN ASSOCIATED WITH A COMPANY THAT HAS FAILED TO COMPLETE A CONTRACT, CAUSED A SURETY A LOSS, FAILED IN BUSINESS OR COMPROMISED A CREDITOR? YES \square NO \square IF SO, PLEASE ATTACH FULL EXPLANATION.

ARE YOU PRESENTLY INVOLVED IN ANY LITIGATION? YES 🗌 NO 🗌 IF SO, PLEASE ATTACH FULL EXPLANATION.

THE ABOVE ANSWERS ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF.

SIGNED, SEALED AND DATED THIS _____ DAY OF _____,

(CONTRACTOR)

BY _____

(WITNESS)

(Please make sure all questions are fully answered)

TO WHOM IT MAY CONCERN:

THIS HEREBY AUTHORIZES ANY PARTY, FIRM OR CORPORATION TO FURNISH INFORMATION REGARDING MY ACCOUNT, TO THE BOND CONNECTION AND/OR ITS UNDERWRITING SURETY COMPANIES. THIS INFORMATION IS NECESSARY TO ESTABLISH BONDING CREDIT.

(CONTRACTOR)

BY: _____

DATE: