

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: