

## Contractor's Questionnaire

(Please complete form in its entirety. If a question is not applicable, please type "N/A" in the space provided. This form must be typed.)

Name			
Address			F.E.I.N.
City	State	Zip	County
Phone	Fax		
Email	Web		
Type of Work Done			
Date Business Began		Fiscal Year End	

Operates as:

- Proprietorship
- Partnership
- LLC
- Corporation
- Subchapter S
- Joint Venture

### Ownership (Complete for each person who owns 5% or more of the company. Attach additional sheets if necessary.)

Full Name	Title	% Owned	Date & Place of Birth	Social Security Number
Residence Address	Home Phone		Spouse's Full Name	Spouse's Soc Sec Number
Full Name	Title	% Owned	Date & Place of Birth	Social Security Number
Residence Address	Home Phone		Spouse's Full Name	Spouse's Soc Sec Number
Full Name	Title	% Owned	Date & Place of Birth	Social Security Number
Residence Address	Home Phone		Spouse's Full Name	Spouse's Soc Sec Number

- Is the company a subsidiary, parent or holding company of any other company?  Yes  No
- Has there been any change in the control of the company or any related entity in the past three years?  Yes  No
- Has the company ever failed to complete a contract?  Yes  No
- Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been placed in receivership?  Yes  No
- Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever held a senior management position with a firm that caused a surety or a bank loss?  Yes  No
- Are there any liens filed against the company or related entity?  Yes  No
- Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?  Yes  No
- Are you involved in any litigation?  Yes  No

The owners listed above authorize the Surety to obtain individual personal credit information from a credit bureau.

Please explain any "Yes" answers to the above questions. Attach additional sheets if necessary:

- Are all owners willing to personally indemnify the bond carrier?  Yes  No
- Is a formal continuity plan in place for the succession of future management?  Yes  No

Is a formal buyout plan in place?  Yes  No      Is it funded by life insurance or other means?  Yes  No

### Background Information

How are taxes paid?  % of Completion  Completed Contract  Other \_\_\_\_\_

Are taxes current?  Yes  No (If not, please explain) \_\_\_\_\_

Prior Bond Company \_\_\_\_\_ Largest Prior Bond \_\_\_\_\_

Reason for leaving bond company \_\_\_\_\_

What were gross annual receipts last fiscal year? \_\_\_\_\_

Largest Previous Work Program \_\_\_\_\_ Anticipated Amount of Work (next 12 months) \_\_\_\_\_

What % of work is performed as a general? \_\_\_\_\_ As a subcontractor? \_\_\_\_\_

What % of work is normally subcontracted? \_\_\_\_\_ Are major subs bonded?  Yes  No

### Key Personnel

Name	Position	Yrs in Business	Yrs with Firm	Prior Company Experience

### Professional Services

#### ACCOUNTANT

Firm Name	Phone	Fax
Address	Contact	Email

#### ATTORNEY

Firm Name	Phone	Fax
Address	Contact	Email

#### BANK INFORMATION

Bank Name	Phone	Fax
Address	Contact	Email
Do you have a bank line of credit? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, how much?	How much is owed?

#### INSURANCE INFORMATION - Attach Current Insurance Certificate

Firm Name	Phone	Fax	
Address	Contact	Email	
Type of Policy	Policy Number	Company	Exp. Date
General Liability			
Workers Comp			
Other			

**Suppliers** (Please complete in detail)

1	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
2	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
3	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
4	Firm Name	Phone	Fax
	Address	Contact	Highest Credit
5	Firm Name	Phone	Fax
	Address	Contact	Highest Credit

**Largest Jobs in the Last Five (5) Years** (Please complete in detail)

1	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
2	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
3	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
4	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed
5	Name of Project Owner or General Contractor	Phone	Fax
	Address	Contact	Contract Amount
	Job Description and Location		Year Completed

## Additional Information

Please use the space below to provide additional information regarding your work experiences, history, unique capabilities, level and degree of computerization, etc. which would permit us to have a more complete understanding of your company.

The undersigned hereby affirms that the above statements and responses are accurate and authorizes the surety company to contact the references listed in this questionnaire. The undersigned further affirms and understands that suretyship is credit, and authorizes Surety, or its authorized agent, to gather information it considers necessary for evaluating whether or not credit should be granted.

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Position

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date