

# CONTRACTOR'S QUESTIONNAIRE

## HISTORY

1. Name of Firm \_\_\_\_\_
2. Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_
3. Phone (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_
4. Federal Tax ID No. \_\_\_\_\_
5. Year Business Started \_\_\_\_\_
6. Type of Business: Proprietor \_\_\_\_\_ Partner \_\_\_\_\_ Corp. \_\_\_\_\_ Subs \_\_\_\_\_
7. Date of Incorporation \_\_\_\_\_
8. Date present management assumed control \_\_\_\_\_
9. Contract Specialty \_\_\_\_\_
10. Market area \_\_\_\_\_
11. List the corporate officers, partners, or proprietors of your firm:

Name	Yr. Of Birth	Position	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
12. List any other companies or affiliates of the contracting firm in which this Firm or its stockholders have an interest:

Firm Name	% Ownership	Type of business
_____	_____	_____
_____	_____	_____
_____	_____	_____
13. List all Indemnitors below (business and personal):

Name	Social Security No.
_____	_____
_____	_____
_____	_____
14. Is there a buy/sell agreement among owners of the business? \_\_\_\_\_ Yes \_\_\_\_\_ No
15. How is the buy/sell agreement funded? \_\_\_\_\_
16. Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company's stock or assets? \_\_\_\_\_ If so, please attach a copy.

## ORGANIZATION AND WORK PROGRAM

17. How many people does your firm employ? \_\_\_\_\_
18. How many work crews? \_\_\_\_\_
19. List key personnel, foreman or supervisors

Name	Position	Age	Yrs. Exp.	Yrs. With Firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

20. What percent of firm's work program is for government \_\_\_\_\_% Private owners \_\_\_\_\_%
21. What was the desired single job size limit and work program \_\_\_\_\_
22. What was the firms largest backlog amount \$ \_\_\_\_\_ Year \_\_\_\_\_
23. What is the firm's expected volume next year \_\_\_\_\_
24. What trades are Normally undertaken \_\_\_\_\_%
25. What trades are subbed out \_\_\_\_\_
26. Percent of work normally subbed out \_\_\_\_\_%
27. Are subs bonded? \_\_\_\_\_ Yes \_\_\_\_\_ No
28. Does your firm own the necessary equipment to perform anticipated work Program?  
 \_\_\_\_\_ Yes \_\_\_\_\_ No
29. Does your firm lease equipment? \_\_\_\_\_ Yes \_\_\_\_\_ No
30. Have you been, or do you intend to be, involved in real estate development, design/build work, turnkey projects or speculative building? If so, please explain \_\_\_\_\_
- 
31. Is your firm union? \_\_\_\_\_ Yes \_\_\_\_\_ No

**FINANCIAL**

32. Name and address of your CPA \_\_\_\_\_  
 \_\_\_\_\_ Phone No. \_\_\_\_\_
33. Fiscal year end date \_\_\_\_\_
34. Type of Statement \_\_\_\_\_ Audit \_\_\_\_\_ Review \_\_\_\_\_ Compilation
35. How are financial statements prepared? \_\_\_\_\_ Cash \_\_\_\_\_ Accrual  
 \_\_\_\_\_ Completed contract \_\_\_\_\_ % of completion
36. How often are financial statements prepared? \_\_\_\_\_
37. On what basis are taxes paid? \_\_\_\_\_ Cash \_\_\_\_\_ Accrual \_\_\_\_\_ Comp. Contracts  
 \_\_\_\_\_ % of completion

**BANK INFORMATION**

38. Name and address of your CPA \_\_\_\_\_  
 \_\_\_\_\_ Phone No. ( ) \_\_\_\_\_
39. Contact person \_\_\_\_\_
40. Amount of Line of Credit \$ \_\_\_\_\_ Expiration Date \_\_\_\_\_
41. How is the credit line secured? \_\_\_\_\_
- 

**INSURANCE**

42. Life insurance in effect on key personnel:
- | Name  | Beneficiary | Amount | Cash Value | Carrier |
|-------|-------------|--------|------------|---------|
| _____ | _____       | _____  | _____      | _____   |
| _____ | _____       | _____  | _____      | _____   |
| _____ | _____       | _____  | _____      | _____   |
| _____ | _____       | _____  | _____      | _____   |
43. Are any of the above policies assigned? Which \_\_\_\_\_  
 To whom \_\_\_\_\_

**LEGAL**

- 44. Name and address of legal counsel \_\_\_\_\_  
\_\_\_\_\_
- 45. Has your firm or any of its principals failed to complete a job, caused a loss to a surety, petitioned for bankruptcy, or failed in business? If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- 46. Are there any liens for labor or materials filed on any of your contractors, or do you have any disputes over a contract or payment for labor and materials? If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REFERENCES**

47. Previous bonding companies:

Name	Largest Amt. Bonded	Period Bonded	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

48. List your three largest contracts in past five years:

- 1. Owner's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Job ID \_\_\_\_\_  
Gross Profit \$ \_\_\_\_\_ Contract price \$ \_\_\_\_\_ Compl. Date \_\_\_\_\_
- 2. Owner's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Job ID \_\_\_\_\_  
Gross Profit \$ \_\_\_\_\_ Contract price \$ \_\_\_\_\_ Compl. Date \_\_\_\_\_
- 3. Owner's Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Contact Name \_\_\_\_\_ Job ID \_\_\_\_\_  
Gross Profit \$ \_\_\_\_\_ Contract price \$ \_\_\_\_\_ Compl. Date \_\_\_\_\_

49. List three of your major suppliers:

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

50. Three subcontractors (or contr. If you are a sub) with whom you've worked:

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, hereby represent that the above information is true to the best of my knowledge and belief. The undersigned also authorizes any bank or other references to verify the information contained herein to any company within our organization.

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_