

Producer: _____
 Address: _____
 Phone: _____
 E-Mail: _____
 Employers ID Number: _____

CONTRACTOR QUESTIONNAIRE
 This application Must Be Answered in It's Entirety

1. Name of Firm: _____
2. Business Address: _____
 City: _____ County: _____ State: _____ Zip Code: _____
3. Employers I.D. Number: _____ 3a. Fiscal Year End: _____
4. Phone: _____ Fax: _____ E-Mail: _____
5. Contracting Specialty: _____

6. Year Business Started: _____ 7. Type of Business: Corp Part Prop Sub S Corp LLC LLP
8. State of Incorporation: _____ 8a. Date of Incorporation: _____
9. Area of Operation: _____

10. List the corporate officers, partners or proprietors of your firm:

	Name	Position	Percent Owned	E-Mail	Social Security #	Name of Spouse	Social Security #
A.							
B.							
C.							
D.							
E.							

11. Will the above individuals and spouses indemnify Surety? Yes No
 If no, explain: _____
12. How many people does your firm employ? _____
13. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to Surety?
 Yes No If yes, explain: _____
14. Has your firm or any of its owners or officers currently involved in any litigation?
 Yes No If yes, explain: _____
- 14.a Has contractor had major disputes of ever failed to complete a job on schedule?
 Yes No If yes, explain: _____

14.b Are any Mechanics' Liens, Judgements, Lawsuits or Claims pending on completed or uncompleted work?

Yes No If yes, explain: _____

15. What percentage of firm's work is normally subcontracted? _____ %

16. What trades do you normally subcontract? _____

17. What is the largest job you expect to do during the next year \$ _____

18. What is the largest uncompleted work program expected during the next year? \$ _____

19. Do you lease equipment? Yes No % Owned _____ % Leased _____

20. Name of your CPA: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

21. Are taxes current? Yes No

22. Are job cost records kept? Yes No

23. How often reviewed and updated? _____

24. Name of your Bank: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

Account Name and Number: _____

25. Amount of line of credit: \$ _____

26. Is your firm union? Yes No

27. Previous Bonding Companies:

	Name	Reason for Leaving
A.		
B.		
C.		

28. Has any bond application been declined?

Yes No If yes, explain: _____

29. Have you ever received assistance on bonds from the Small Business Administration Surety Bond Guarantee Program?

Yes No If yes, explain: _____

30. List five of your **LARGEST** contracts:

	Project Name	Person to contact for reference	Phone/Fax	Contract Amount	If bonded With Whom	Date Completed
1.						
2.						
3.						
4.						
5.						

31. List five of your **LARGEST** suppliers:

	Name	Address	Phone/Fax	Account #
1.				
2.				
3.				
4.				
5.				

32. List any subsidiaries and affiliates of the contracting firm:

	Firm Name	Ownership Name	Ownership %	Type of Business
1.				
2.				
3.				
4.				
5.				

ATTACHMENTS

- Copies of the last three fiscal year end financial statements including work in progress and completed contract schedules
- Current interim financial statements and work in progress report if fiscal statement is over six months old.
- Current personal financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Federal Tax Returns
 - Company - years: _____
 - Personal - years: _____
- Buy/Sell Agreement
- Specimen copy of Subcontract Agreement
- Certificate(s) of Insurance (*all lines carried*)
- Resumes of owners/key employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below under "Additional Remarks":

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____ Date: _____

Additional Remarks: _____

