

Contractor Questionnaire

CONTRACTOR INFORMATION

Contractor: _____ Email: _____
 Address: _____ City/State/Zip: _____
 Phone: _____ Fax #: _____

OWNER DATA/INDEMNITORS

(Provide the information below on all owners: use additional sheet if necessary)

Name: _____ % of Ownership: _____ % DOB: _____
 Address: _____ City/State/Zip: _____
 SS #: _____ Married? Yes No
 Spouse Name: _____ Spouse DOB: _____
 Spouse SS#: _____

Name: _____ % of Ownership: _____ % DOB: _____
 Address: _____ City/State/Zip: _____
 SS #: _____ Married? Yes No
 Spouse Name: _____ Spouse DOB: _____
 Spouse SS#: _____

Has any owner ever defaulted on contract or declared bankruptcy? *If yes, attach an explanation.* Yes No
 Business Start Date: _____ Date Incorporated, if incorporation? _____
 Federal Tax ID #: _____

If Sub, what is your specialty: _____
 If GC, what trades do you do? (i.e., carpentry, flatwork, etc.) _____
 % Usually Subbed: _____ % % Done Yourself: _____ % Do you bond subs? Yes No
 What is your territory? _____
 Subsidiaries or affiliates? Yes No Name: _____

LARGEST JOBS COMPLETED DURING LAST 5 YEARS

1. Job Name & Description: _____ Contract Amount: _____
 Contracted with: _____ Gross Profit: _____
 Name of Contact: _____ Phone: _____ Fax or Email: _____

2. Job Name & Description: _____ Contract Amount: _____
 Contracted with: _____ Gross Profit: _____
 Name of contact: _____ Phone: _____ Fax or Email: _____

3. Job Name & Description: _____ Contract Amount: _____
 Contracted with: _____ Gross Profit: _____
 Name of contact: _____ Phone: _____ Fax or Email: _____

4. Job Name & Description: _____ Contract Amount: _____
 Contracted with: _____ Gross Profit: _____
 Name of Contact: _____ Phone: _____ Fax or Email: _____

5. Job Name & Description: _____ Contract Amount: _____
 Contracted with: _____ Gross Profit: _____
 Name of Contact: _____ Phone: _____ Fax or Email: _____

SURETY NEEDS & GENERAL INFORMATION

Present Surety: _____ Agent: _____

Surety Program Desired: Single Project: _____ Aggregate Program: _____

Has contractor ever been declined by a surety? *If yes, explain separately in full detail.* Yes No

LIFE INSURANCE & BENEFICIARIES ON KEY PERSONNEL:

Insured	Beneficiary	Amount	Carrier

Is Buy-Sell Agreement in effect? *If yes, please attach.* Yes No

ACCOUNTING

What method of accounting was used to prepare your financial statement?

Cash Accrual % of Completion Completed Contract

What level of preparation used?

Audit Review Compilation

Accountant's Name: _____ CPA? Yes No

Phone: _____

Address: _____

CREDIT REFERENCES (MAJOR SUPPLIERS)

Name	Address	City	Phone

Does contractor principally buy or lease equipment? Buy Lease

Is present equipment schedule sufficient for foreseeable needs? Yes No

BANKING

Business Banking:

Name: _____ Address: _____

Phone: _____ Contact: _____

Line of Credit: _____ Secured by: _____ Line Expires: _____

PLEASE ATTACH THE FOLLOWING:

1. Business financial statements for the past 3 fiscal years.
2. Current interim business financial statement if FYE is more than 4 months ago.
3. Personal financial statements for all owners. Copies of any family trusts are required.
4. Current work in process report.
5. Bank reference letter including average balances, line of credit & experience.
6. Schedule of A/R's and A/P's to support latest fiscal & interim financial statements.
7. Current insurance certificate.

