



CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

Corporate Tax ID Number: _____

2. Address (street) (city) (state) (zip): _____

3. Fiscal Yr. End _____

4. Phone: () _____

5. Contracting Specialty: _____

6. Contact Person: _____

7. Title: _____

8. Year Business Started: _____ 9. Type of Business: Corp. Part. Prop. Sub. S. Corp.

10. State of Incorporation: _____ 11. Area of Operation: _____

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

	<u>Name</u>	<u>Social Security#</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety? Yes No.

If no, explain: _____

14. Is the Indemnity of the Corp. available? Yes No.

15. Is Cross/Corp. Indemnity of a related corporation available? Yes No.



16. Is there a buy/sell agreement among the owners of the business? Yes No.

17. Is this agreement funded by life insurance? Yes No.

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. Has your firm or any of its principals ever petitioned for bankruptcy failed in business or defaulted so as to cause a loss to a Surety? Yes No.

If yes, please explain: _____

21. Is your firm or any of its owners or officers currently involved in any litigation? Yes No.

If yes, please explain:

22. What percentage of the firm's work is normally for:

Government Agencies _____% Private Owners _____%

23. What percentage of the firm's Work is normally subcontracted: _____%

24. Are bonds required of subs? Yes No.

25. What trades do you normally subcontract? _____

26. What is largest amount of uncompleted work on hand at one time in the past?

Amount: \$ _____ Year: _____

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

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

29. What is your expected annual volume next year? \$ _____

30. What trades do you normally undertake with your own forces? _____

_____ 31. SIC CODE: _____

32. Do you lease equipment? Yes No. 33. Type of lease? _____

34. What are the terms of the lease? _____



35. Name of you CPA: _____

Address: _____

Phone: _____ Contact Person: _____

36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion

37. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation

39. How often are financial statements prepared? Annually Semi-annually Quarterly Monthly

40. Do you have a full time accountant on staff? Yes No. 41. Yrs. Experience _____

42. Are job cost records kept? Yes No.

43. How often reviewed: _____ 44. How often updated? _____

45. Do they show job detail? Yes No. 46. Frequency? _____

47 Name of your Bank: _____ Acct. Number: _____

Address: _____ Type of Acct.: _____

Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration date: _____ 50. What is interest rate? _____ %

51. UCC Filing? Yes No. 52. How is credit secured? _____

53. Is your firm union? Yes No. 54. What is firm's Dun & Bradstreet Number? _____

55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____



58. Previous Bonding Companies (list most current first):

<u>Name</u>	<u>Reason for Leaving</u>
A. _____	_____
B. _____	_____
C. _____	_____

59. List five of your largest contracts:

<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
A. _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____		Design Professional: _____		Address: _____
B. _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____		Design Professional: _____		Address: _____
C. _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____		Design Professional: _____		Address: _____
D. _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____		Design Professional: _____		Address: _____
E. _____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____		Design Professional: _____		Address: _____



60. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Contact</u>	<u>Fax</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

61. List five subcontractors (or contracts if you are a subcontractor) that you do business with:

A.	Name _____	Address _____	Telephone _____	Fax _____	Contact _____	Job _____
B.	Name _____	Address _____	Telephone _____	Fax _____	Contact _____	Job _____
C.	Name _____	Address _____	Telephone _____	Fax _____	Contact _____	Job _____
D.	Name _____	Address _____	Telephone _____	Fax _____	Contact _____	Job _____
E.	Name _____	Address _____	Telephone _____	Fax _____	Contact _____	Job _____



62. List three Architects you have done business with:

A. Name _____

Address _____ Telephone _____ Fax _____

Contact _____ Job _____

B. Name _____

Address _____ Telephone _____ Fax _____

Contact _____ Job _____

C. Name _____

Address _____ Telephone _____ Fax _____

Contact _____ Job _____

63. List key personnel, foremen or supervisors:

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

	Name	<u>Beneficiary</u>	<u>Amount</u>	Cash Value
A.	_____	\$ _____	\$ _____	\$ _____

Insurance Company: _____

B.	_____	\$ _____	\$ _____	\$ _____
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Insurance Company: _____



C. _____ \$ _____ \$ _____ \$ _____

Insurance Company: _____

65. List other insurance coverage currently in effect:

	<u>Limits in '000's</u>		Carrier	Expiration Date
	BI	PD		
A. General Liability: \$	_____	\$ _____	_____	_____
B. Auto Liability: \$	_____	\$ _____	_____	_____
C. Umbrella Liability: \$	_____	\$ _____	_____	_____
D. Workers' Compensation \$	_____	\$ _____	_____	_____

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

<u>Firm Name</u>	<u>Ownership</u>	<u>Type Business</u>
A. _____	_____	_____
B. _____	_____	_____
C. _____	_____	_____
D. _____	_____	_____
E. _____	_____	_____

The undersigned hereby authorizes and requests any or all depositories or banks in which any funds of the under-signed may be deposited or from which moneys may be borrowed to advise the Company whenever requested, the amount of such deposits and or loans; and any depository bank, material man, supply house, or other person, firm, or corporation is hereby authorized to furnish to the Company any information requested concerning any transaction with the undersigned; and copies of the foregoing statement and any information which it now has, or may here-after obtain, may be furnished to other companies for the purpose of securing reinsurance or co-insurance by the Company.

This Supplemental Statement must be signed by the applicant or his authorized representative.



APPLICABLE IN NEW YORK STATE

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR OTHER PERSON FILES AN APPLICATION FOR INSURANCE OR STATEMENT OF CLAIM CONTAINING ANY MATERIALLY FALSE INFORMATION, OR CONCEALS FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO, COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME, AND SHALL ALSO BE SUBJECT TO A CIVIL PENALTY NOT TO EXCEED FIVE THOUSAND DOLLARS AND THE STATED VALUE OF THE CLAIM FOR EACH SUCH VIOLATION.

Signed and sealed this _____ day of _____, _____.

(SEAL)

(Principals Signature)