

Contractor's Questionnaire

Contractor: _____ Date: _____
Address: _____ Phone: _____
City: _____ State _____ Zip _____ Fax: _____
Website: _____ E-mail: _____

GENERAL INFORMATION

Form of Business (Check One): Proprietorship Partnership Corporation Sub-Chapter S LLC
Type of construction performed: _____
Fiscal Year End Date: _____
Geographic Territory: _____
States in which licensed to do business: _____

HISTORY

Date Business established: _____ Date Business incorporated: _____
Federal Tax ID # _____
Name of Predecessor Company: _____
When did current management assume control? _____

ORGANIZATION, OWNERS AND KEY EMPLOYEES

1)	Full	Name:	Soc. Sec. No: _____
		Title: _____	% of Ownership: _____
		Spouse: _____	Soc. Sec. No: _____
		Title: _____	% of Ownership: _____
		Home Address: _____	Home Phone: _____
2)	Full	Name:	Soc. Sec. No: _____
		Title: _____	% of Ownership: _____
		Spouse: _____	Soc. Sec. No: _____
		Title: _____	% of Ownership: _____
		Home Address: _____	Home Phone: _____

3) Full Name: _____ Soc. Sec. No: _____
 Title: _____ % of Ownership: _____
 Spouse: _____ Soc. Sec. No: _____
 Title: _____ % of Ownership: _____
 Home Address: _____ Home Phone: _____

Are the owners personally active in the business? Yes No (If no, give details on a separate sheet)
 Have any of the principals ever declared bankruptcy? Yes No (If yes, give details on a separate sheet)

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

<u>Name</u>	<u>Location</u>	<u>Owned By</u>	<u>Scope of Operations</u>

Has any entity in which the contractor stockholders or related companies had financial interest engaged in any form of real estate investment, development or building of any other related activities? Yes No

If yes, describe: _____

In addition to contracting, what other business activities are you engaged in or do you engage in? _____

CONTINUITY – JOB COMPLETION

Is there a formal Buy-Sell Agreement in effect? Yes No (If yes, attach a copy)

How is the Buy-Sell Agreement funded? _____

Who are the parties to the Buy-Sell Agreement? _____

AMOUNT OF LIFE INSURANCE PAYABLE TO THE CORPORATION

<u>Insured</u>	<u>Insurance Company</u>	<u>Amount</u>	<u>Amount Borrowed</u>	<u>Beneficiary</u>

What arrangements have been made to assure contracts are completed in the event key personnel are not available? _____

Are there any incentives given to the key employees to follow through (bonuses, profit sharing, etc.)? _____

REFERENCES

List 5 owners/architects/engineers with who you have worked with in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 subcontractors/general contractors with who you have worked with in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 suppliers with whom you buy most of your material.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

SUITS, JUDGMENTS, DEFAULTS AND CONTINGENT LIABILITIES

Has your company or any officer of any partner ever failed in business or compromised with creditors? Yes No
Has your company ever failed to complete a contract? Yes No
Have you ever failed to qualify for a bond after an award? Yes No
Does your company or any officer or partner owe money to a bonding company? Yes No
Do you have the necessary equipment to perform the anticipated job/program? Yes No
Are you or have you been involved in any law suits, divorce actions, or any other form of Litigation? Yes No

ACCOUNTING AND FINANCIAL REPORTING

Name/Address of Accounting Firm: _____
CPA Public Accountant Other: _____ Fiscal Year End Date: _____
Is your accountant an officer, partner or a relative of an office or partner of the construction company? Yes No
How many years has this firm prepared your financial statements? _____ Tax Returns? _____
Fiscal year end statement is prepared: Audited Review Other: _____

Method of Accounting (check one for each line):

	% of Completion	Completed Contract	Accrual	Cash
For financing reporting:				
For tax purposes:				
Have your operations been profitable since the last year end statements?		Yes	No	
Are taxes (including Payroll, FIT, and SIT) current?	Yes	No	Date of Last Tax Audit? _____	
Have there been any major changing in the last 12 months with respect to:	Ownership	Loans or Refinancing	Equipment	Other
				<i>If so, please describe below:</i>

Do you have a system of providing periodic internal cost accounting reports showing job status?

Daily Weekly Monthly Quarterly Other (Please describe)

JOB EXPERIENCE

Largest Single Job Completed: \$ _____ Date: _____

Average Single Job Desired: \$ _____

Average Aggregate Bonding Desired: \$ _____

Please list the 3 largest contracts completed in the last 3 years:

1. Job Description: _____
Your Contract With: (Owner or GC)
Name of Person to Contact: _____ Phone: _____ Fax: _____
Contract Price: \$ _____ Amount of Profit or Loss: \$ _____
Date Completed: _____

2. Job Description:
Your Contract With: (Owner or GC)
Name of Person to Contact: _____ Phone: _____ Fax: _____
Contract Price: \$ _____ Amount of Profit or Loss: \$ _____
Date Completed: _____

3. Job Description:
Your Contract With: (Owner or GC)
Name of Person to Contact: _____ Phone: _____ Fax: _____
Contract Price: \$ _____ Amount of Profit or Loss: \$ _____
Date Completed: _____

PRIOR SURETIES

Has your company ever been bonded? Yes No

Name/Address of former Surety Company: _____

Have you been refused by a prior surety? Yes No *If yes, please explain:* _____

The Undersigned hereby authorizes the Surety and Surety Bond Brokers to make such pertinent inquiry as may be necessary from financial institutions, credit reporting companies or agencies and all other persons, firms and corporations in order to confirm or verify information referred to or listed herein.

Signed: _____ Date: _____