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1062 Barnes Road, 3rd Floor Suite 306, Wallingford, CT 06492  
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16 Nooseneck Hill Rd, West Greenwich, RI 02817  
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# CONTRACTOR QUESTIONNAIRE (Page 1)

## CONTRACTOR'S INFORMATION RECORD

1. Name of Firm: \_\_\_\_\_
2. Address: \_\_\_\_\_
3. Phone: \_\_\_\_\_
4. Fiscal Year End: \_\_\_\_\_
5. Contracting Specialty(ies): \_\_\_\_\_
6. Agency and Agent: \_\_\_\_\_
7. Year Business Started: \_\_\_\_\_ Year Business Incorporated: \_\_\_\_\_
8. State of Incorporation: \_\_\_\_\_ 9. Area of Operation: \_\_\_\_\_
10. Type of Business (check):  Corporation  Partnership  Proprietorship  Sub S. Corporation
11. Is you firm union? Y N
12. Are you involved in the design aspects of construction? Y N
13. List any subsidiaries and affiliate of the contracting form:

Firm Name	Ownership	Type of Business	City and State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

14. Gross/Corporate Indemnity? (If yes, concurrent financial statements will be needed) Y N

15. List the corporate officers, partners or proprietors of you firm. Please attach resumes.

NAME	YEAR OF BIRTH	POSITION	% OWNED	SPOUSE NAME
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

16. Will the above individuals and spouses personally indemnify the Surety? (If yes, concurrent personal and financial statements will be needed) Y N

17. Is there a buy/sell agreement among the owners of the business? (If yes please attach a copy) Y N

18. Is this agreement funded by life insurance? Y N



## CONTRACTOR QUESTIONNAIRE (Page 2)

19. Other business in which any offer or partner is actively engaged:

Name of Business	Partner or Officer Interested	Extent of Interest
_____	_____	_____
_____	_____	_____

20. What percentage of the firm's work is for: Federal \_\_\_\_\_% Public \_\_\_\_\_% Private Owners \_\_\_\_\_%

21. What percentage of the firm's work is normally subcontracted? \_\_\_\_\_%

22. Which trades? \_\_\_\_\_

23. Are bonds required of sub-contractors? Y N

24. What trades do you normally undertake with your own forces? \_\_\_\_\_

25. Average size of jobs: \$ \_\_\_\_\_

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

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

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

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

30. How many people does your firm employ? \_\_\_\_\_

31. How many work crews? \_\_\_\_\_

32. What are your annual equipment purchases? \$ \_\_\_\_\_

33. Do you lease equipment? Y N If yes, name type of lease: \_\_\_\_\_

34. What are the terms of the lease? \_\_\_\_\_

35. Name your CPA : \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact Person: \_\_\_\_\_

36. Do you have a full-time accountant on staff? Y N

If yes, please indicated professional designation \_\_\_\_\_ CPA \_\_\_\_\_ CMA \_\_\_\_\_ PA \_\_\_\_\_ Other

37. Years experience with your firm? \_\_\_\_\_

38. Years experience in the accounting profession? \_\_\_\_\_

39. Name of Bank	Location	Maximum Line	Present Amount Owing	Nature of Security or Endorser
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

40. Previous Bonding Companies:

Name	Line of Surety Credit	Reason for Change	Agency
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



# CONTRACTOR QUESTIONNAIRE (Page 3)

## 41. Largest Contracts Completed:

**A.** Job Name                      Contract Price                      Completion Gross Profit                      Date                      Bonded

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Y    N

Owner: \_\_\_\_\_ Design Professional \_\_\_\_\_

**B.** Job Name                      Contract Price                      Completion Gross Profit                      Date                      Bonded

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Y    N

Owner: \_\_\_\_\_ Design Professional \_\_\_\_\_

**C.** Job Name                      Contract Price                      Completion Gross Profit                      Date                      Bonded

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Y    N

Owner: \_\_\_\_\_ Design Professional \_\_\_\_\_

**D.** Job Name                      Contract Price                      Completion Gross Profit                      Date                      Bonded

\_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_                      Y    N

Owner: \_\_\_\_\_ Design Professional \_\_\_\_\_

## 42. List three of your major suppliers:

Name                      Address                      Phone                      Contact

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 43. List three sub-contractors (or contractors if you are a sub-contractor) that you do business with:

Name                      Address                      Phone                      Contact

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## CONTRACTOR QUESTIONNAIRE (Page 4)

44. List three architects you have done business with:

Name	Address	Phone	Contact
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

45. List key personnel, foremen, or supervisors: (Please attach resumes)

Name	Position	Year of Birth	Years Experience		Previous Employer
			Total	Your Firm	
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

Name	Beneficiary	Amount	Cash Value	Insurance Company
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____
_____	_____	\$ _____	\$ _____	_____

47. List other insurance coverage currently in effect: (Please attach Certificate of Insurance)

Limits in 000's	Bodily Injury	Property Damage	Carrier	Expiration Date
A. General Liability	\$ _____	\$ _____	_____	_____
B. Auto Liability	\$ _____	\$ _____	_____	_____
C. Umbrella	\$ _____	\$ _____	_____	_____
D. Owner's Protection	\$ _____	\$ _____	_____	_____



## CONTRACTOR QUESTIONNAIRE (Page 5)

48. Agency and agent which handles insurance needs: \_\_\_\_\_

Liens, suits, judgments, defaults and contingent liabilities:

49. Has your company of any officer or partner ever failed in business or compromised with creditors? Y N

50. Has your company ever failed to complete a contract? Y N

51. Has any partner or officer of your corporation ever failed to complete a contract? Y N

52. Are liens outstanding against any of your work? Y N

53. Have you ever failed to qualify for a bond after an award? Y N

54. Have you ever had any serious controversy with anyone on any of your work over the payment for labor or material? Y N

55. Are there any judgements, suits, or claims pending against you? Y N

56. Are there any judgements, suits, or claims pending against your partners? Y N

57. Are you acting as a corporate or personal surety for others? Y N

58. Are you acting as endorser for others on their notes or accounts? Y N

59. Does your company or any officer or partner owe any money to a bonding company? Y N

60. Has your company or any officer or partner ever required any financial assistance or borrowed any money from a bonding company? Y N

The above answers are true to the best of my knowledge and belief.

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

