

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: \_\_\_\_\_  
\_\_\_\_\_  
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