



Surety Support Services, Inc.

Contractor Questionnaire

This form must be answered in its entirety.

7255 W.98th Terrace, Suite 170
Overland Park, KS 66212
866-385-7760
913-385-7760
Fax 913-937-9486
info@suretyss.com

How did you find us?

- Direct Mail
- Internet Search
- Referral
- Other _____

Name of Firm: _____

Business Address: _____

City: _____ County: _____ State: _____ Zip Code _____

Phone: _____ Fax: _____ Email: _____

Employers I.D. Number: _____ Fiscal Year End: _____

Contracting Specialty _____

Date Business Established: _____

Type of Business: Corporation Partnership Sole Proprietor Sub S Corporation LLC LLP

State of Incorporation: _____ Date of Incorporation (if applicable): _____

Area of Operation _____

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

	Name	Position	% Owned	E-Mail	Social Security #	Name of Spouse	Social Security #
A							
B							
C							

Will the above individuals and spouses indemnify Surety? Yes No

If no, explain: _____

How many people does your firm employ: _____

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: _____

Is your firm or any of its owners or officers currently involved in any litigation?

Yes No If Yes, explain: _____

Has contractor had major disputes or ever failed to complete a job on schedule?

Yes No If Yes, explain: _____

Are any Mechanics' Liens, Judgements, Lawsuits or Claims pending on completed or uncompleted work?

Yes No If yes, explain: _____

What percentage of firm's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

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

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

Do you lease equipment? Yes No

% Owned % Leased

Name of your CPA: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

Are taxes current? Yes No

Name of your Bank: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

Account Name _____ Account Number: _____

Amount of line of credit: \$ _____

Is your firm union? Yes No

Previous Bonding Company: _____

Name _____ Reason for leaving: _____

Name _____ Reason for leaving: _____

Has any bond application been declined? Yes No

If yes, explain: _____

Have you ever received assistance on bonds from the Small Business Administration Surety Bond Guarantee Program?

Yes No

If yes, explain: _____

List three of your LARGEST contracts completed in the last five years:

1. **Project Description** _____
Project Location _____
Person to Contact for Reference _____ Phone _____ Email _____
Contract Amount \$ _____ Date Completed _____
If Bonded, with Whom _____
2. **Project Description** _____
Project Location _____
Person to Contact for Reference _____ Phone _____ Email _____
Contract Amount \$ _____ Date Completed _____
If Bonded, with Whom _____
3. **Project Description** _____
Project Location _____
Person to Contact for Reference _____ Phone _____ Email _____
Contract Amount \$ _____ Date Completed _____
If Bonded, with Whom _____

List three of your Largest Suppliers:

1. **Name** _____
Address _____
Phone _____ Fax _____ Account Number _____
2. **Name** _____
Address _____
Phone _____ Fax _____ Account Number _____
3. **Name** _____
Address _____
Phone _____ Fax _____ Account Number _____

List any subsidiaries and affiliates of the contracting firm:

1. Firm Name _____
Ownership Name _____
Ownership _____ % Type of Business _____
2. Firm Name _____
Ownership Name _____
Ownership _____ % Type of Business _____
3. Firm Name _____
Ownership Name _____
Ownership _____ % Type of Business _____

ATTACHMENTS

- _____ Copies of the last three fiscal year end financial statements including work in progress and completed contract schedules D 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: _____

