

CONTRACTORS QUESTIONNAIRE

Name of Firm: _____

Address: _____

Phone: _____ Fax: _____

Contracting Specialty: _____

Contractor(s) Lic. No.(s) (Enclose Copy(s)): _____ Lic. Exp. Date(s): _____ Class: _____

Contact Person: _____ Title: _____

Year Business Started: _____ Type of Business: _____

CORPORATE OFFICERS, PARTNERS, OR PROPRIETORS OF YOUR FIRM: (Enclose Resumes)

Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____	S.S. #: _____	_____	
Home Address: _____			

Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____	S.S. #: _____	_____	
Home Address: _____			

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Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____	S.S. #: _____	_____	
Home Address: _____			

Is there a Buy/Sell Agreement among the owners of the business? YES NO

Is this agreement funded by life insurance? YES NO

How many people does your firm employ? _____

How many work crews? _____

Has your firm or any of its principals ever Petitioned for Bankruptcy? YES NO

Has your firm or any of its principals failed in business? YES NO

Has your firm or any of its principals caused a loss to a surety? YES NO

Is your firm or any of its owners or officers currently involved in any litigation? YES NO

If yes, explain: _____

What percentage of the firm's work is for Government Agencies?

What percentage of the firm's work is for Private Owner's?

What percentage of the firm's work is normally subcontracted?

Are bonds required of the subcontractors?

YES

NO

What trades do you normally subcontract?

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

Year?

What was the largest job completed?

ACCOUNTING

Name of your CPA:

Contact:

Address:

Phone:

Fax:

Fiscal Year End:

On what basis are financial statements prepared (Cash, Accrual, % of Completion):

On what basis are taxes paid (Cash, Accrual, % of Completion):

BANK

Name of your Bank:

Contact:

Address:

Phone:

Fax:

Account #(s):

Amount of Line of Credit:

Expiration Date:

Amount In Use:

How is credit secured?

PRIOR SURETY

Name of Prior Surety:

Reason for leaving?

Name of Prior Surety:

Reason for leaving?

LIST FIVE OF YOUR LARGEST PROJECTS

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

LIST FOUR OF YOUR MAJOR SUPPLIERS

Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				

LIST THREE SUBCONTRACTORS (OR GENERAL CONTRACTORS) THAT YOU DO BUSINESS WITH

Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Job:	_____	_____	
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Job:	_____	_____	
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Job:	_____	_____	

LIST TWO ARCHITECTS THAT YOU HAVE DONE BUSINESS WITH

Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Year:	_____	_____	
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Year:	_____	_____	

PERSONNEL

List key personnel, foremen or supervisors: (Enclose Resumes)

Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____	_____	
Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____	_____	
Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____	_____	
Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____	_____	

Completed by: _____ Date: _____