

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____

3. Phone _____ 4. Fax _____ 5. E-mail _____

6. Contact Person _____

7. Year Business Started _____ 8. State of Incorporation _____ 9. Area of Operation _____

10. List of owners, partners, proprietors of your firm:

Name	Yr of Birth	Position	% Owned	Name of Spouse
A. _____				
B. _____				
C. _____				
D. _____				

11. Will the above individuals' spouses personally indemnify the Surety? Yes No If No, explain _____

12. Is there a Buy/Sell Agreement among the owners? Yes No If yes, how is this funded? _____

13. Has your firm or any of its principals/owners ever filed for bankruptcy or failed in business? Yes No If yes, please explain
(attach additional page and/or any related documents regarding this item): _____

14. Is your firm or any of its principals/owners currently involved in any litigation? Yes No If yes, please explain
(attach additional page and/or any related documents regarding this item): _____

15. What is your contracting specialty? _____

16. How many people does your firm employ? _____

17. Is your firm Union? Yes No

18. What percentage of your firm's work is normally for: Government Agencies _____% Private Owners _____%

19. List key personnel, foremen or supervisors:

<u>Name</u>	<u>Position</u>	<u>Yr. of birth</u>	<u>Yrs. Exper.</u>	<u>Previous employer</u>
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

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

<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

21. What percentage of your firm's work is normally subcontracted: _____% What trades do you normally subcontract?

22. Are bonds required from subs? Yes No

ACCOUNTING INFORMATION

23. Name of your CPA: _____
Address: _____
Phone: _____ Contact person: _____

24. On what basis are your taxes paid?: Cash Completed Job Accrual % of Completion

25. On what basis are financial statements prepared?: Cash Completed Job Accrual % of Completion

26. On what level of assurance are financial statements prepared?: CPA Audit Review Compilation

27. How often are financial statements prepared?: Annually Semi-Annually Quarterly Monthly

28. Do you have a full time accountant on staff?: Yes No Yrs. Experience: _____

29. Are job costs records kept?: _____ How often reviewed?: _____
How often updated?: _____ Do They show job detail?: _____ Frequency?: _____

BANK INFORMATION

30. Name of your bank?: _____
Address: _____
Phone: _____ Contact Person: _____

31. Amount of line of credit: \$ _____ Exp. Date: _____ What is interest rate? _____ %

32. Do you lease equipment? Yes No Type of Lease? _____
What are the terms of the lease? _____

BONDING

33. Previous bonding companies:

	<u>Name</u>	<u>Reason for leaving</u>
A.	_____	_____
B.	_____	_____

34. Has your company ever caused a default or loss to a surety company? Yes No If yes, please explain (**attach additional page and/or any related documents regarding this item:**)

EXPERIENCE

35. What is the largest amount of contracts on hand at one time in the past? Amount _____ Year _____

36. What is the total of revenue you expect to do in the next year? _____

37. What is the largest single job you expect to do in the next year? _____

38. List five of your largest contracts:

	<u>Job name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>
A.	_____	_____	\$ _____	_____
	Owner: _____	Design Professional: _____		Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
B.	_____	_____	\$ _____	_____
	Owner: _____	Design Professional: _____		Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
C.	_____	_____	\$ _____	_____
	Owner: _____	Design Professional: _____		Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
D.	_____	_____	\$ _____	_____
	Owner: _____	Design Professional: _____		Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
E.	_____	_____	\$ _____	_____
	Owner: _____	Design Professional: _____		Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No

39. List three of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Contact</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____

40. List three subcontractors (or contractors if you are a subcontractor) that you do business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

41. List two architects you have done business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

42. List any subsidiaries and affiliates of the contracting firm:

<u>Firm name</u>	<u>Ownership</u>	<u>Type Business</u>	<u>NANDA code</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____

Remarks: _____

The undersigned does hereby authorize Atlantic Coast Surety, LLC and/or its designated Surety to make inquiries as necessary concerning or pertaining to the undersigned's financial standing, credit, or manner of meeting obligations to verify the accuracy of the statements made and to determine credit worthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). A copy of this agreement shall be considered the same as the original. This authorization is to remain in full force until rescinded by the applicant in writing. These statements are made for the purpose of obtaining a bond. I understand false statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Completed by: _____
 Title: _____
 Date: _____