



WASTE HAULER CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ 3. Fiscal Yr. _____

(City)

(State)

(Zip)

4. Phone: _____ 5. Contact Person: _____ 6. Title: _____

7. Year Business Started: _____ 8. Type of Business: Corp. Part Prop. Sub S. Corp.

9. State of Incorporation: _____ 10. Area of Operation: _____

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

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>% Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

12. Will the above individuals and spouses personally Indemnify Surety? Yes No If no, Explain: _____

13. Is there a buy/sell agreement among the owners of the business? Yes No

14. Is the agreement funded by life insurance? Yes No

15. How many people does your firm employ? _____

16. Has your firm or any of its principals ever filed for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No If yes, please explain: _____

17. Is your firm or any of its owners or officers currently involved in any litigation? Yes No

If yes, explain: _____

18. What is the largest amount of contracts on hand at one time in the past?

Amount: _____ Year _____

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

20. What is the largest bonded work program expected during the next year? \$ _____

21. What is your expected annual volume next year? \$ _____

22. Do you lease equipment? Yes No Type of lease? _____

23. What are the terms of the lease? _____

24. Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

25. On what basis are taxes paid? Cash Accrual

26. On what basis are financial statements prepared? Cash Accrual

27. On what basis are financial statements prepared? CPA Audit Review Compilation

28. How often are financial statements prepared? Annually Semi-annually

29. Name of your bank: _____

Address: _____

Phone: _____ Contact Person: _____

30. Previous Bonding Companies:

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

31. List five of your largest contracts:

	<u>Municipality</u>	<u>Contract Price</u>	<u>Completion Date</u>	<u>Bonded?</u>
A.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
B.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
C.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
D.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
E.	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

32. List five of your major Suppliers:

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

33. List key personnel, foremen or supervisors:

	<u>Name</u>	<u>Position</u>	<u>Year of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

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

35. List any other insurance coverage currently in effect:

	<u>BI</u>	<u>PD</u>	<u>Carrier</u>	<u>Expiration Date</u>
A. Gen'l Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Workers Comp:	\$ _____	\$ _____	_____	_____

36. List any subsidiaries and affiliates of the firm.

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

REMARKS: _____

Completed by: _____

Title: _____

Date: _____