

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ 3. Fiscal Yr. End: _____

_____ (City) _____ (State) _____ (Zip)

4. Phone: _____ 5. Contracting Specialty: _____

Fax: _____

6. Contact Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business: Corp. Part. Prop. Sub. S. Corp. L.L.C.

10. State of Incorporation: _____ 11. Area of Operation: _____

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

| | Name | SS# | Yr. of Birth | Position | Percent Owned | Name of Spouse | SS# |
|----|-------|-------|--------------|----------|---------------|----------------|-------|
| A. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

13. Will the above individuals and spouses personally indemnify Surety: Yes No

If no explain: _____

14. Is there a buy/sell agreement among the owners of the business: Yes No

15. Is this agreement funded by life insurance: Yes No

16. Corp. Indemnity: Yes No 17. Cross/Corp. Indemnity: Yes No

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No

If yes, please explain:

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

If yes, please explain:

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

23. What percentage of the firm's work is normally subcontracted: _____ %

24. Are bonds required of subs: Yes No

25. What trades do you normally subcontract: _____

26. What is the largest amount of uncompleted work on hand at one time in the past: Amount: \$ _____ Year: _____

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

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

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

30. What trades do you normally undertake with your own forces? _____

31. SIC CODE: _____

32. Do you lease equipment? Yes No 33. Type of lease: _____

34. What are the terms of the lease

35. Name of your CPA: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion

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

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

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

40. Do you have a full time accountant on staff? Yes No 41. Yrs. experience: _____

42. Are job cost records kept? Yes No

43. How often reviewed? _____ 44. How often updated? _____

45. Do they show job detail? Yes No 46. Frequency? _____

47. Name of your Bank: _____

Address: _____

Phone: _____ Fax: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration date? _____

50. What is the interest rate: _____ % 51. UCC Filing? Yes No 52. How is credit secured: _____

53. Is your firm union? Yes No 54. What is your firm's Dun & Bradstreet Number: _____

55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

58. Remarks:

58. Previous Bonding Companies

| Name | Reason for Leaving |
|----------|--------------------|
| A. _____ | _____ |
| B. _____ | _____ |
| C. _____ | _____ |

59. List five of your largest contracts

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

60. List five of your major suppliers:

| Name | Address | Telephone | Contact |
|----------|---------|-----------|---------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |
| D. _____ | _____ | _____ | _____ |
| E. _____ | _____ | _____ | _____ |

61. List four 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: _____

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

62. List three Architects you have done business with:

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

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

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

63. List key personnel, foremen or supervisors:

| Name | Position | Yr. of Birth | Yrs. Exper. | Previous Employer |
|----------|----------|--------------|-------------|-------------------|
| A. _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ | _____ |

64. List any life insurance in effect on key personnel

| Name | Beneficiary | Amount | Cash Value |
|--------------------------|-------------|----------|------------|
| A. _____ | _____ | \$ _____ | \$ _____ |
| Insurance Company: _____ | | | |
| B. _____ | _____ | \$ _____ | \$ _____ |
| Insurance Company: _____ | | | |
| C. _____ | _____ | \$ _____ | \$ _____ |
| Insurance Company: _____ | | | |

65. Provide copy of your most current certificate of insurance.

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

| Firm Name | Ownership | Type of Business | NANDA Code |
|-----------|-----------|------------------|------------|
| A. _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ |
| C. _____ | _____ | _____ | _____ |

Remarks:

ANY PERSON WHO KNOWINGLY AND WITH INTENT TO DEFRAUD ANY INSURANCE COMPANY OR PERSON FILES AN APPLICATION CONTAINING ANY MATERIALLY FALSE INFORMATION OR CONCEALS, FOR THE PURPOSE OF MISLEADING, INFORMATION CONCERNING ANY FACT MATERIAL THERETO COMMITS A FRAUDULENT INSURANCE ACT, WHICH IS A CRIME UNDER APPLICABLE LAW. THE APPLICANTS AND INDEMNITORS CERTIFY THE TRUTH OF ALL STATEMENTS IN THE APPLICATION AND AUTHORIZE THE GUARANTEE COMPANY OF NORTH AMERICA TO VERIFY THIS INFORMATION AND TO OBTAIN ADDITIONAL INFORMATION FROM ANY SOURCE INCLUDING OBTAINING A CREDIT REPORT.

Completed by: _____

Title: _____

Date: _____