



# CONTRACTOR QUESTIONNAIRE

If not applicable, insert N/A

**GENERAL INFORMATION** Check one:  Corporation  S-Corporation  Partnership  Proprietorship

Contractor : \_\_\_\_\_ County : \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Fax No: (\_\_\_\_) \_\_\_\_\_ Tax I.D. No: \_\_\_\_\_

Date business formed: \_\_\_/\_\_\_/\_\_\_ Date Incorporated: \_\_\_/\_\_\_/\_\_\_

Union Shop?  Yes  No Any prevailing wage disputes?  Yes  No

In what class of construction do you specialize: \_\_\_\_\_

Has there been any recent change in control of company?  Yes  No. No. of Employees: \_\_\_\_\_

If so, explain: \_\_\_\_\_

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate?

Yes  No If so, explain: \_\_\_\_\_

## CORPORATE OFFICERS-PARTNERS-PROPRIETOR-OWNERS-KEY PERSONNEL:

Name	U.S. Citizen	Spouse's Name	Age	Position	% Owned	Social Security No.

## COMPLETED CONTRACT INFORMATION

What was the largest job completed: \$ \_\_\_\_\_ Year: \_\_\_\_\_

What was the largest work on hand completed: \$ \_\_\_\_\_ # of jobs: \_\_\_\_\_ Year: \_\_\_\_\_

Annual gross sales for last 3 years: From most current: \$ \_\_\_\_\_ Year: \_\_\_\_\_, \$ \_\_\_\_\_ Year: \_\_\_\_\_, \$ \_\_\_\_\_ Year: \_\_\_\_\_

Is current insurance coverage sufficient?  Yes  No If no, explain: \_\_\_\_\_

Does company have adequate equipment?  Yes  No Own?  Yes  No Lease?  Yes  No

Has your company ever failed to complete a contract?  Yes  No If so, explain: \_\_\_\_\_

Any disputes on contracts?  Yes  No If so, explain: \_\_\_\_\_

Has company, any affiliated company, or any owner ever experienced a bankruptcy?  Yes  No

Has company, any affiliated company, or any owner ever been in receivership?  Yes  No

If so, explain: \_\_\_\_\_

Are any liens for labor and/or material filed against company on any contracts which have been done or are being done by company?  Yes  No If so, explain: \_\_\_\_\_

## FINANCIAL INFORMATION Accounting

Name of accounting firm: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

How many years has this firm prepared financial statements?: \_\_\_\_\_ Tax returns: \_\_\_\_\_

Tax year end: \_\_\_/\_\_\_ Are taxes, both company and personal current?  Yes  No

Basis of preparation of statements:  Cash  Completed Contract  Simple Accrual  % of Completion

Tax Payments:  Cash  Completed Contract  Simple Accrual  % of Completion

If additional space is required for any answers, please attach additional signed pages.

It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Any person who knowingly provides false, incomplete, or misleading facts or information is guilty of a crime and may be subject to fines and confinement in prison. I certify that the information provided is correct and I authorize any financial institution, supplier, or other source of credit to release to Surety, or it's representative, any information regarding m account history, balance history or pay history.

A photocopy of this authorization shall be considered as effective and valid as the original.

**Be sure to sign and date.**

Name \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_