



**Business Insurance
Services, Inc.**

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ 3. Fiscal Year End _____

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

4. Phone: (____) _____ 4a. Fax: (____) _____

5. Contracting Specialty: _____

6. Contact Person: _____ 7. Title: _____

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

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

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

<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
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

19. 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, 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 work program expected during the 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? _____

35. Name of your CPA: _____

Address: _____

Phone: _____ 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 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:_____

48. Amount of line of credit: \$_____ 49. Expiration date:_____ 50. What interest rate? _____%

51. UCC Filing? Yes No 52. How is credit secured? _____

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

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

58. Previous Bond 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. _____ \$ _____ _____ Yes No

Owner:_____ Design Professional: _____

B. _____ \$ _____ _____ Yes No

Owner:_____ Design Professional: _____

C. _____ \$ _____ _____ Yes No

Owner:_____ Design Professional: _____

D. _____ \$ _____ _____ Yes No

Owner:_____ Design Professional: _____

E. _____ \$ _____ _____ Yes No

Owner:_____ Design Professional: _____

60. List five of your major suppliers

	Name	Address	Telephone	Contact
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____
F.	_____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) with whom you do business:

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

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

	Firm Name	Ownership	Type of Business	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

REMARKS: _____

Completed by: _____

Title: _____

Date: _____