

Contract Questionnaire

1. Name of Firm: _____
2. Address: _____ 3. Fiscal Yr. End _____
- _____
(City) (State) (Zip)
4. Phone: (____) _____ 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 individual 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: _____

Is your firm or any of its owners or officers currently involved in any litigation?

Yes No. If yes, explain: _____

21. What percentage of the firm's work is normally for:

Government Agencies: _____% Private Owners: _____%

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

23. Are bonds required of subs? Yes No

25. What trades do you normally subcontract? _____
26. What is 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? _____
34. What are the terms of the 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 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: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration Date: _____ What is the interest rate? _____ %
51. UCC Filing? Yes No 52. How is credit secured? _____
53. Is your firm unionized? Yes No 54. What is your firm's Dun & Bradstreet Number? _____
55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:
- | | <u>Name</u> | <u>Reason for Leaving</u> |
|----|-------------|---------------------------|
| A. | _____ | _____ |
| B. | _____ | _____ |
| C. | _____ | _____ |

59. List five of your largest contracts:

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

60. List five of your major suppliers:

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

61. List five 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: _____	
E.	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.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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. List other insurance coverage currently in effect:

		Limits in '000's		Carrier	Expiration Date
		BI	PD		
A.	General Liability:	\$ _____	\$ _____	_____	_____
B.	Auto Liability:	\$ _____	\$ _____	_____	_____
C.	Umbrella:	\$ _____	\$ _____	_____	_____
D.	Owner's Protection:	\$ _____	\$ _____	_____	_____

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

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

67. Are you currently under indictment, on parole or probation? Yes No

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged or not prosecuted. Yes No

Have you ever been convicted, placed on pre-trial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a motor vehicle violation? Yes No

68. Are there any judgments, tax liens or other credit issues pending against the company or owners? Yes No

If yes, please explain including dates entered, amount of judgment, etc.

Completed by: _____

Title: _____

Date: _____

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