

CONTRACTOR'S QUESTIONNAIRE

HISTORY

1. Name of Firm _____
2. Street Address _____
City _____ State _____ Zip _____
3. Phone _____ Fax _____
4. Federal Tax ID No. _____
5. Year Business Started _____
6. Type of Business: Proprietor _____ Partner _____ Corp. _____ Subs _____
7. Date of Incorporation _____
8. Date present management assumed control _____
9. Contract Specialty _____
10. Market area _____

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

Name	Yr. Of Birth	Position	%Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

12. List any other companies or affiliates of the contacting firm in which this Firm or stockholders have an interest:

Firm Name	% Ownership	Type of Business
_____	_____	_____
_____	_____	_____
_____	_____	_____

13. List all Indemnitors below (business and personal):

Name	Social Security No.
_____	_____
_____	_____

14. Is there a buy/sell agreement among the owners of the business? _____ Yes _____ No
15. How is the buy/sell agreement funded? _____
16. Is there any trust agreement in effect, which now hold, or will hold at some future date, any of the company's stock or assets? _____ If so, please attach a copy.

ORGANIZATION AND WORK POGRAM

17. How many people does your firm employ? _____
18. How many work crews? _____
19. List key personnel, foreman or supervisors

Name	Position	Age	Yrs. Exp.	Yrs. With Firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
20. What percent of firm's work program is for Government _____% Private owners _____%
21. What is the desired single job size limit and work program \$ _____ per job \$ _____
Year Total _____
22. What is the firm's largest backlog amount \$ _____ Year _____

23. What is the firm's expected volume next year _____
24. What trades are normally taken _____ %
25. What trades are subbed out _____
26. Percent of work normally subbed out _____ %
27. Are subs bonded? _____ Yes _____ No
28. Does your firm own the necessary equipment to perform anticipated work Program?
 _____ Yes _____ No
29. Does your firm lease equipment? _____ Yes _____ No
30. Have you been, or do you intend to be, involved in real estate development, design/build work, turnkey projects or speculative building? If so, please explain _____
31. Is your firm union? _____ Yes _____ No

FINANCIAL

32. Name and address of your CPA _____ Phone No. _____
33. Fiscal year end date _____
34. Type of Statement _____ Audit _____ Review _____ Compilation _____
35. How are financial statements prepared? _____ Cash _____ Accrual _____
 _____ Completed contract _____ % of completion
36. How often are financial statements prepared? _____
37. On what basis are taxes paid? _____ Cash _____ Accrual _____
 _____ Completed contract _____ % of completion

BANK INFORMATION

38. Name and address of your Bank _____ Phone No.() _____
39. Contact person _____
40. Amount of Line of Credit \$ _____ Expiration Date _____
41. How is the credit line secured? _____

INSURANCE

42. Life insurance in effect on key personnel:
- | Name | Beneficiary | Amount | Cash Value | Carrier |
|-------|-------------|--------|------------|---------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
43. Are any of the above policies assigned? Which _____
 To whom _____

LEGAL

44. Name and address of legal counsel _____
45. Has your firm or any of its principals failed to complete a job, caused a loss to a surety, petitioned for bankruptcy, or failed in business? If so, please explain _____

46. Are there any liens for labor or materials filed on any of your contractors, or do you have any disputes over a contract or payment for labor and materials? If so, please explain:

REFERENCES

47. Previous bonding companies

Name	Largest Amt. Bonded	Period Bonded	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____

48. List your three largest contracts in past five years:

1. Owner's Name _____ Phone() _____ Fax() _____
Contact Name _____ Job ID _____
Gross Profit \$ _____ Contract price \$ _____ Compl. Date _____
2. Owner's Name _____ Phone() _____ Fax() _____
Contact Name _____ Job ID _____
Gross Profit \$ _____ Contract price \$ _____ Compl. Date _____
3. Owner's Name _____ Phone() _____ Fax() _____
Contact Name _____ Job ID _____
Gross Profit \$ _____ Contract price \$ _____ Compl. Date _____

49. List three of your major suppliers:

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____

50. Three subcontractors (or contr. If you are a sub) who you've worked with:

Name	Address	Phone	Fax
_____	_____	_____	_____
_____	_____	_____	_____

I, the undersigned, hereby represent that the above information is true to the best of knowledge and belief. The undersigned also authorizes any bank or other references to verify the information contained herein to any company within our organization. I also acknowledge and agree that the surety may obtain credit information on me, other owners and the company.

Completed By: _____ Date: _____

General Indemnity Agreement Information Request

Principal's Name _____

The following information needs to be provided in the event a General Indemnity Agreement must be prepared. If a third party corporation or partnership is also indemnifying; please photocopy this form and complete, showing the president and corporate secretary or all members of the partnership. If applicable, type name of third party here: _____

If Corporation or Partnership - Provide the Following (President and Corporate Secretary must be indicated)

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

If Proprietorship - Provide the Following

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

Name _____ Title _____ %Own _____
Spouse Name _____ Spouse's SS# _____
Home Address, Zip _____ Phone No. () _____

INSTRUCTIONS - RESUMÉ

Please provide a resumé for all principals and all key personnel (i.e. estimator, treasurer, superintendents, project manager, etc.).

Resumé

Name _____ Telephone _____
Home Address (Street, City, State, Zip) _____

Personal Data

Date of Birth ___/___/___ Social Security # ___-___-___ Driver's License # _____
Marital Status _____ Spouse's Name _____
Spouse's Employer, Address, Position & Length of Employment _____

Education

Did You Graduate from High School? []Yes []No
College- _____ to _____; _____

Special Education relating to construction and/or to your type of profession:

Business and professional experience relating to construction and/or your type of profession:

(Indicate firm name, length of time employed, occupation, largest project you were involved in and reason for leaving)

Personal References: (name, address, phone number, length of time acquainted and relationship to reference)

Use reverse side for additional information

(URM 2009 10/92)

PERSONAL FINANCIAL STATEMENT

NOTE: This form to be used for Personal Financial Statements only NOT TO BE USED FOR BUSINESS STATEMENTS.

Personal financial statement of _____ S.S. No. _____
 (Name)

 (Street, Address, City, State, Zip)

_____ Home Phone No.() _____ Bus. Phone No.() _____
 Name of Wife/Husband

AS OF _____, 20_____
 (Date)

CURRENT ASSETS		CURRENT LIABILITIES	
Cash on hand (not in bank)		Notes payable to (names and addresses):	
Cash in following banks (names and addresses):			

Stocks and bonds (Schedule 1)		Sales Contracts/Chattel Mtgs. (Attach Desc.)	
Accounts receivable (Schedule 2)		Accounts Payable	
Notes receivable (Schedule 3)		Current portion of long term debt	
Other current assets (itemize):		Other current liabilities (Attach Description)	

_____		Current Year's Income Taxes Unpaid	
_____		Prior Year's Income Taxes Unpaid	
_____		Real Estate Taxes Unpaid	
TOTAL CURRENT ASSETS		TOTAL CURRENT LIABILITIES	
FIXED ASSETS		LONG TERM LIABILITIES	
Real estate (Schedule 4):		Real estate debt (Schedule 4)	
Residence		Residence	
Other		Other	
Cash value of life insurance (Schedule 5)		Borrowed on life insurance (Schedule 5):	
Other assets and investments (Attach Desc.):		Other long term debt (Attach Description):	

TOTAL FIXED ASSETS		TOTAL LONG TERM LIABILITY	
TOTAL ASSETS		NET WORTH	
		TOTAL LIABILITIES AND NET WORTH	

CONTINGENT LIABILITIES
 FOR ENDORSEMENTS OR GUARANTEES \$ _____ FOR OTHER PURPOSES \$ _____
 GIVE DETAILS _____

1. STOCKS AND BONDS					
Name of Security	No. Shares	If any pledged, State to Whom and for What Purpose	Dividends Paid Last Two Days	Market Value	Book Value
TOTALS				\$	\$

2. ACCOUNTS RECEIVABLE				
Name and Address (street and city) From Whom Due	For What is it Due	When Sold	When Due	Amount
TOTAL				\$

3. NOTES RECEIVABLE					
Name and Address (street and city) From Whom Due	For What is it Due	How Secured	Date	Maturity	Amount
TOTAL					\$

4. REAL ESTATE							
Description of Property	Title In Name Of	Market Value	Cost	Date Acquired	Account Encumbrance	Monthly Payments	Monthly Income
TOTALS				\$	\$	\$	\$

5. LIFE INSURANCE -- CASH VALUE						
Name of Company	Policy Number	Name of Insured	Beneficiary	Face Value	Cash Value	Amount Borrowed

INCOME/EXPENSE INFORMATION								
SOURCES OF CASH		Last Year 20__	This Year 20__	Projected Next Year 20__	USES OF CASH		This Year 20__	Projected Next Year 20__
RECURRING	Salary & Wages				EXPENSES	Income Taxes & FICA		
	Commissions, Bonus, Etc.					Other Payroll Ded.		
	Interest & Dividends					Living Exp. & Misc.		
	Rental Income					Rental Expenses		
	Oil & Gas Rev. after Op. Exp.					Oil/Gas Cap. Expend.		
	Other Business Income					Other Business Exp.		
	Other:					Other:		
SUBTOTAL					SUBTOTAL			
NON-RECURRING	Commissions, Bonus, Etc.				DEBT SERVICE	Reg/Sched. Pymnts.		
	Sale of Assets					Other Interest		
	Tax Refund					Other Principal		
	Other					Contigent Liab.		
TOTAL CASH SOURCES					TOTAL CASH USES			
				NET CASH FLOW				

PRINCIPAL SIGNATURE _____ DATE _____

SPOUSE SIGNATURE _____ DATE _____

INSTRUCTIONS - BANK REFERENCE LETTER

Please have your bank(s) provide the following information in a letter format on their bank letterhead. Must be original signature.

Letter should contain the following:

- Account number(s)
- Length of time doing business
- Average account balances
- Loan information:
 - a. Amount of loan,
 - b. Status,
 - c. Type of Security (i.e. A/R, signature, none, etc.)
- Line of Credit information:
 - a. Amount of line
 - b. Amount in use
 - c. Type of security (i.e. A/R, signature, none, etc.)

Schedule of Uncompleted Work

Name of Contractor _____

DATE AS OF _____ / _____ / _____
Month/Day/Year

DESCRIPTION OF JOB <small>(If cost plus, please indicate)</small>	START DATE	COMP. DATE	Bonded	Un-bonded	Col. 1 CONTRACT PRICE <small>(Including Approved Change Orders)</small>	Col. 2 CONTRACTORS ESTIMATE COST <small>(When Bid (and Cost of Appr. Change Orders)</small>	Col. 3 TOTAL BILLED TO DATE <small>(Including Retainage (Explain Disputed Items))</small>	Col. 4 TOTAL COST TO DATE	Col. 5 TOTAL ESTIMATE COST TO COMPLETE
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
15									
TOTALS									
TOTAL UNCOMPLETED WORK (Col. 1 minus Col. 3)=					SIGNATURE _____				
TOTAL UNCOMPLETED WORK BY SUBCONTRACTOR					TITLE _____				
BONDED:					REMARKS				
UNBONDED:									

Schedule of Accounts Receivable

Line #	Name of Account	Total	Prepared by:					120 days and over Date	Page # of	Retention (see note)
			Month of	Month of	Month of	Month of	Month of			
			Current	30 days past due	60 days past due	90 days past due				
1	Amounts Forward									
2										
3										
4										
5										
6										
7										
8										
9										
10										
11										
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
	Total (amounts carried forward)									

Retention amounts should be shown separately and not aged

Schedule of Accounts Payable

Line #	Name of Account	Total	Prepared by:					120 days and over Date	Page #	of	Retention (see note)
			Month of	Month of	Month of	Month of	Month of				
			Current	30 days past due	60 days past due	90 days past due					
1	Amounts Forward										
2											
3											
4											
5											
6											
7											
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9											
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18											
19											
20											
21											
22											
23											
24											
	Total (amounts carried forward)										

Retention amounts should be shown separately and not aged

CERTIFICATE OF LIABILITY INSURANCE		DATE / /
PRODUCER <h1 style="text-align: center;">SAMPLE</h1>	THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
INSURERS AFFORDING COVERAGE		
INSURED	INSURER A:	
	INSURER B:	
	INSURER C:	
	INSURER D:	
	INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECT. DATE (mm/dd/yy)	POLICY EXP. DATE (mm/dd/yy)	LIMITS
	GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> [] CLAIMS MADE [] OCCUR <input type="checkbox"/> _____ <input type="checkbox"/> _____ GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY [] PROJECT [] LOC		/ /	/ /	EACH OCCURRENCE \$ FIRE DAMAGE (Any one fire) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS <input type="checkbox"/> _____ <input type="checkbox"/> _____		/ /	/ /	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> _____		/ /	/ /	AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR [] CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$		/ /	/ /	EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY		/ /	/ /	<input type="checkbox"/> JWC STATUTORY LIMITS [] OTHER \$ E.L. EACH ACCIDENT \$ E.L. DISEASE - Ea Employee \$ E.L. DISEASE - Policy Limit \$
	OTHER		/ /	/ /	

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS

CERTIFICATE HOLDER [] ADDITIONAL INSURED; INSURER LETTER: _____	CANCELLATION
	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE