



CONTRACTOR QUESTIONNAIRE

Legal Name of Firm: _____

Address: _____ **Fiscal Yr. End:** _____

_____ **(city)** _____ **(state)** _____ **(zip)**

Phone: _____ **Contracting Specialty:** _____

Cell: _____ **Tax ID #:** _____ **FED EX/UPS #:** _____

Fax: _____ **Email:** _____

Contact Person : _____ **Title :** _____

Year Business Started: _____

Type of Business: Corp. Part. Prop. Sub S. Corp

State of Incorporation: _____ **Area of Operation:** _____

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

Name	SSN	Date of Birth	Position	% Owned	Home Address	Spouse Indemnitor

Will the above individuals and spouses personally indemnify Surety? Yes No

If no explain:

Is there a buy/sell agreement among the owners of the business? Yes No

How many people does your firm employ? _____

Has your firm or any its principals ever petition 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, please explain: _____

OFFICE USE ONLY:

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

Government Agencies _____ % Private Owners _____ %

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

Are bonds required of subs? Yes No

What trades do you normally subcontract?_____

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

What is your expected annual volume next year?_____

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

Name of your Attorney:_____

Address:_____

Name of your CPA:_____

Address:_____

Phone: _____ Contact Person:_____

Name of your bank:_____

Address:_____

Phone: _____ Contact Person:_____

Amount of Line of Credit: \$ _____ Expiration Date:_____ Interest Rate:_____

%

Is your firm union? Yes No

Previous Bonding Companies:

Name	Reason for Leaving

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>
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Owner:</i>	<i>Design Professional:</i>			
	<i>Fax Number:</i>			

<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Owner:</i>	<i>Design Professional:</i>			
	<i>Fax Number:</i>			

<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Owner:</i>	<i>Design Professional:</i>			
	<i>Fax Number:</i>			

<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Owner:</i>	<i>Design Professional:</i>			
	<i>Fax Number:</i>			

<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Owner:</i>	<i>Design Professional:</i>			
	<i>Fax Number:</i>			

List five of your major suppliers:

Name	Address	Fax Number	Contact

List five subcontractors (or contractors if your a subcontractor) that you do business with:

A. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

B. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

C. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

D. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

E. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

List three Architects you have done business with:

A. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

B. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

C. Name: _____

Address: _____ Fax Number: _____

Contact: _____ Job: _____

List key personnel, foreman or supervisors:

<u>Name</u>	<u>Position</u>	<u>Yr. Of Birth</u>	<u>Yrs. Experience</u>	<u>Previous Employer</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List any subsidiaries and affiliates:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type Business</u>	<u>NANDA Code</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

SERVICE FEE AGREEMENT (If applicable)

This agreement is for a service fee. A service fee may or may not be part of the premium charged by a surety company.

This agreement is made between _____ and _____ (hereinafter referred to as Insured) on this ____ day of _____, 20____.

It is agreed that a fee is being charged for the Producer providing the services of marketing, bond issuance and all other related customer service duties. This fee is continuous and annually renewable until mutually cancelled by both parties.

Service Fee: \$_____

Completed by: _____

Title: _____

Date: _____

RESUME

Name: _____ Home Phone: _____

Home Address: _____
(street) (city) (state) (zip code)

PERSONAL DATA

Date of Birth: _____ Social Security No.: _____

Driver's License No.: _____

Marital Status: _____ Spouses Name: _____

EDUCATION

Did you graduate High School? es o

College: from _____ to _____ Name of School: _____

Courses Studied: _____

Special education related to current business activity or employment: _____

BUSINESS & PROFESSIONAL EXPERIENCE

(indicate firm name, length of time employed, occupation/position, reason for leaving and, if construction related, largest project you were involved in)

Number of years with Current Employer: _____ Number of years in the industry: _____

EMPLOYMENT HISTORY (beginning with current job)

From: _____ To: _____ Company: _____

Position: _____ Responsibilities: _____

From: _____ To: _____ Company: _____

Position: _____ Responsibilities: _____

From: _____ To: _____ Company: _____

Position: _____ Responsibilities: _____

From: _____ To: _____ Company: _____

Position: _____ Responsibilities: _____

PROFESSIONAL REFERENCES

Name	Address	Phone No.	Length of Time Acquainted



Blanket Authorization Form

Authority is hereby granted to any Individual, Firm, or Corporation and any financial institution to furnish Bondex Insurance Company upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manor of meeting obligations. A copy of this agreement shall be considered the same as the original. This authorization is to remain in force until rescinded by the applicant in writing.

To become part of and attached to the application for:

(Name of Applicant)

Signed this _____ day of _____, 20____

By: _____

(Name, typed or printed)

(Title)



BANK REFERENCE QUESTIONNAIRE

Please forward to your bank for completion

Contractor: _____

Bank Name: _____

Bank Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Account Status

	Checking	Savings	Other
Account was Opened			
Average Balance			
Present Cash Balances			

Credit/Borrowing Information

What is the amount of their line of credit? _____ Current Outstanding Balance? _____

When was the line paid past zero? _____ Type of Security? _____

Any additional loans outstanding? Yes No

If yes, please provide details: _____

Remarks

By: _____

Title: _____

Date: _____