



Contractor Questionnaire

COMPANY INFORMATION

Name of Company: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Phone: _____ Fax: _____

Web Site: http://_____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ Is your company union? Yes No

Geographical Area(s) of Operation: _____

Type of Business: C-Corp. Sub S. Corp. Part. Prop. LLC

Class of Contractor: Builder Highway Heavy Constr. Subcontractor Specialty Other

What size projects and backlog does your company want to undertake?
Single Job: \$ _____ Total Program: \$ _____

Do you have a formal business plan? Yes No If yes, please attach a copy.

Has your company 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 attach an explanation.

Is your company presently involved in any litigation? Yes No If yes, please attach an explanation.

Have you been previously bonded? Yes No

Name of Surety: _____ Reason for change: _____

List any subsidiaries or affiliated companies. (Include: exact name, type of business, and ownership)

What percent of your work is composed of each: Government agencies _____% Private owners _____%

On average, what percent of your work is sub-contracted? _____% Do you require bonds of your subs?
 Yes No If no, give your reason and explain your pre-qualification process below:

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

What trades do you normally subcontract? _____

What is your largest uncompleted backlog? _____

Do you engage in joint ventures? Yes No

FINANCIAL INFORMATION

When is your fiscal year end? _____

On what basis are your taxes paid?
 Completed Job Accrual % of Completion Cash

On what basis are the financial statements prepared?
 Cash Completed Job Accrual % of Completion

Who prepares your statements? Public Accountant Staff Accountant Owner If CPA prepared, are they audited?
 Yes No

OWNER(S) INFORMATION

<u>Legal Name</u>	<u>Age</u>	<u>Position</u>	<u>% of Stock</u>	<u>Spouse's Legal Name</u>
1)				
2)				
3)				
4)				

Will the above individuals and spouses personally indemnify surety?
If no, please attach explanation.

Yes No

Is there a buy/sell agreement among the owners of the business?

Yes No

Is this agreement funded by life insurance?

Yes No

KEY PERSONAL

<u>Legal Name</u>	<u>Position</u>	<u>Years of Experience</u>
1)		
2)		
3)		
4)		

LIFE INSURANCE INFORMATION

List any life insurance in effect on owners or key personnel:

<u>Legal Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Insurance Company</u>
1)			
2)			
3)			
4)			

BUSINESS INSURANCE INFORMATION

Name of Insurance Broker/Agency? _____

Name of Carrier: _____ Expiration Date: _____

WORK HISTORY/REFERENCES

List five of your major contracts:

<u>Job Name</u>	<u>Contact Name</u>	<u>Phone Number</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
1)						<input type="checkbox"/> Yes <input type="checkbox"/> No
2)						<input type="checkbox"/> Yes <input type="checkbox"/> No
3)						<input type="checkbox"/> Yes <input type="checkbox"/> No
4)						<input type="checkbox"/> Yes <input type="checkbox"/> No
5)						<input type="checkbox"/> Yes <input type="checkbox"/> No

List four of your major suppliers:

<u>Company Name</u>	<u>Contact Name</u>	<u>Phone Number</u>
1)		
2)		
3)		

List four subcontractors (Or list four contractors if you are a subcontractor) that you do business with:

<u>Company Name</u>	<u>Contact Name</u>	<u>Trade</u>	<u>Phone Number</u>
1)			
2)			
3)			
4)			

Applicant(s) hereby authorize the Starke Agency, Inc. and its affiliated insurance companies to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Signature: _____

Date signed: _____

Printed Name: _____

Company: _____

Title: _____