



**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: \_\_\_\_\_