



Contractor Questionnaire

SESSION 7

**SMALL CONTRACTORS INITIATIVE:
BONDING & ACCESS TO CAPITAL**

I. BUSINESS INFORMATION

Business name: _____
 Contact name: _____ E-mail address: _____
 Firm address: _____
 City, State and Zip: _____
 Phone: _____ Fax: _____
 Web site: _____
 State of incorporation: _____ Year started: _____
 Tax ID: _____ Is your firm union? Yes No Both
 Contracting specialty: _____
 Geographic area(s) of operation: (Territory) _____
 Type of business: C-Corp. Sub S. Corp. Part. Sole Prop. LLC LLP
 Employees (# of): Office: _____ Field (min.): _____ to (max.): _____ Current total: _____
 Certifications: 8a HubZone SDVOSB Other: _____

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
1	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
2	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
3	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
4	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
5	a. _____	b. %	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety? Yes No (explain below)
 Explain: _____
 Is there a buy/sell agreement among the owners of the business? Yes No
 Is this agreement funded by life insurance? Yes No



III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.** Yes No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.** Yes No

Percentage of the firm's work for: Government Owners: _____% Private Owners: _____% Other Contractors: _____%

Trades you normally undertake with your own employees: None _____

Trades you normally subcontract: _____

Preferred job size range: \$ _____ to \$ _____ Number of jobs at a time: _____

Largest job expected during the next year: _____

Expected annual volume this current fiscal year: _____ Next fiscal year: _____

IV. FINANCIAL INFORMATION

Name of CPA Firm: _____ **Fiscal Year End:** _____

Contact name: _____ **E-mail:** _____

Company address: _____

Company phone: _____ **Fax:** _____ **Web Site:** _____

Note: For the following question, please select only one answer.

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

On what level are financial statements prepared? CPA Prepared In-House Tax Return

Any material troubled A/R? No Yes Explain: _____

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.) _____

Do you have an accountant/bookkeeper on staff? Yes No

Contact Name: _____ **Contact Phone:** _____

Accounting software: _____ **Estimating software:** _____ **Job cost software:** _____

V. BANK INFORMATION

Name of Bank: _____ **Address:** _____

Contact name: _____ **Phone:** _____ **E-mail:** _____

With this bank since: _____ Relationship currently includes: Deposit accounts Revolving line of credit Term loans

Line of credit (LOC) year opened: _____ Amount: \$ _____ Line expires: _____

Account Types: Checking Savings Money Market CD Other: _____

LOC – Unsecured Secured By: _____

Other banks used and purpose: _____

VI. KEY PERSONNEL

Additional key personnel:

	Name:	Designation(s):	Position:	Birth year:	Years experience	
					This company:	Total:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

VII. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

	Firm name:	Ownership/relationship:	Type of business:	FEIN:	Cross/Corp. Indemnity?
					<input type="checkbox"/> Yes <input type="checkbox"/> No
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



IX. ATTACHMENTS

- Copies of the last three fiscal year end financial statements
- Current interim financial statement and aging receivables and payables report
- Work in Progress Report (attached)
- Personal Financial Statements for each owner (attached)
- Bank Line of Credit Agreement and recent line of credit statement/report
- Recent Monthly Bank Statement
- Certificate of Insurance
- Letters of Recommendation about the accomplishments of your firm
- Business Plan
- Resumes of Owners/Key Employees
- Brochure, Certifications
- Specimen Copy of Subcontract Agreement
- Articles of Incorporation/Organization
- Other: please describe below under "Additional Remarks":

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application including but not limited to personal credit on the owners and spouses as well as corporate credit on the company and any affiliates.

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

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____ Date: _____

Additional Remarks:

