

GLOBAL SURETY

195 Scott Swamp Road * Farmington, CT 06032
Phone (860) 676-8830 * Fax (860) 676-1928

CONTRACTOR QUESTIONNAIRE

DATE _____

1. Name of Firm _____

2. Address: _____

3. Phone: _____ 4. Fax: _____ 5. Contact Person / Title _____

6. Contracting Specialty _____ 7. Area of Operation _____ 8. Year Business Started _____

9. State of Incorporation _____ 10. Type of Business: Corp _____ Part _____ Prop. _____ Sub S Corp _____

11. D&B # _____ 12. Is Your Firm Union _____ Non-Union _____

13. List the corporate officers, partners or proprietors of your firm (active and inactive) and attach current resumes:

	Name	Yr. of Birth	Position	Percent Owned	Spouse	SS#
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____

14. Will the above individuals and spouses personally indemnify Surety? Yes No If no, explain: _____

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

16. Is this agreement funded by life insurance? Yes No

17. Corporate Indemnity? Yes No 18. Cross Corporate Indemnity? Yes No

19. How many people does your firm employ? _____ 20. How many work crews? _____

21. 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: _____

22. Is your firm or any of its owners or officers currently involved in any litigation? Yes No

If Yes, please explain: _____

23. What percentage of the firm's work is normally for: Government Agencies: _____ % Private Owners: _____ %

24. What percentage of the firm's work is normally subcontracted? _____ %

25. Are bonds required of subcontractors? Yes No

26. What trades do you normally subcontract? _____

27. What is the largest amount of uncompleted work on hand at any one time in the past?

Amount \$ _____ Year: _____

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

29. What is the largest uncompleted work program expected during the next year? \$ _____ % Bonded _____

30. What is your expected annual volume next year? _____

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

32. Do you lease equipment? Yes No

33. What are the terms of the lease? _____

34. Expenditures since last statement \$ _____ Anticipated Expenditure \$ _____

35. Name of your CPA: _____

Address: _____

Phone _____ Fax _____ Contact Person _____ # of Years _____

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 a full time accountant on staff? Yes No 41. Name: _____

42. Years: _____

43. Are job cost records kept? Yes No 44. How often reviewed _____

45. How often updated? _____ 46. Do they show job detail? Yes No

47. Name of your Bank: _____

Address: _____

Phone: _____ Fax: _____ Contact Person _____

48. Amount of Line of Credit? \$ _____ 49. Expiration Date _____ 50. Interest Rate% _____

51. UCC Filing? Yes No 52. How is credit secured? _____

53. Previous Bonding Companies:

Name/ Phone	Reason for Leaving	Outstanding Liability
A. _____		
B. _____		
C. _____		
D. _____		

54. List five (5) of your largest contracts:

Job Name	Contract Price	Gross Profit	Completion Date
A. _____	\$ _____	\$ _____	
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
B. _____	\$ _____	\$ _____	
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
C. _____	\$ _____	\$ _____	
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
D. _____	\$ _____	\$ _____	
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>
E. _____	\$ _____	\$ _____	
Owner: _____	Design Professional: _____	Bonded	Yes <input type="checkbox"/> No <input type="checkbox"/>

55. List five of your major suppliers:

	Name	Address	Phone #	Contact Person
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

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

A. Name: _____ Contact: _____
Address: _____ Phone: _____
Job: _____

B. Name: _____ Contact: _____
Address: _____ Phone: _____
Job: _____

C. Name: _____ Contact: _____
Address: _____ Phone: _____
Job: _____

D. Name: _____ Contact: _____
Address: _____ Phone: _____
Job: _____

E. Name: _____ Contact: _____
Address: _____ Phone: _____
Job: _____

57. List key personnel, foreman or supervisors:

	Name	Position	Birth Date	Years Experience	Previous Employ
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

58. List any life insurance in effect on key personnel:

	Name	Beneficiary Amount	Cash Value
A.	Insurance Company _____	_____	_____
B.	Insurance Company _____	_____	_____
C.	Insurance Company _____	_____	_____

59. List other insurance coverage currently in effect: Attach Current Insurance Certificate.

	BI	PD	Carrier	Expiration Date
A. General Liability	\$ _____	\$ _____	_____	_____
B. Auto Liability	\$ _____	\$ _____	_____	_____
C. Umbrella	\$ _____	\$ _____	_____	_____
D. Owners Protection	\$ _____	\$ _____	_____	_____
E. Other Coverage	\$ _____	\$ _____	_____	_____

60. List any subsidiaries, affiliated companies and/or predecessor companies in which this firm or its Stockholders have an interest and/or indemnify/guarantee for:

	Firm Name/Address	Ownership	Type of Business
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

A. All questions must be answered fully

B. The company reserves the right to decline this application and to decline to issue final bonds even though a Bid Bond may have been issued and to withhold reason for such declination, as all information thereto is regarded as confidential.

C. In all cases, this application must be signed below.

Completed by: _____ Agent: _____

Name & Title: _____ Address: _____

Date: _____

Phone: _____ Fax: _____

Please attach the following documents:

- 3 years of corporate financial statements
- Current personal financial statements for all owners
- Bank reference letter
- Insurance certificate

- Work on hand schedule
- Receivable & Payable aging report
- Resumes for key personnel