

Contractor Questionnaire

We welcome the opportunity to secure bonding credit for your company. The purpose of this questionnaire is to assist us in evaluating your qualifications. Please complete this form as completely as possible.

Organization and Background:

COMPANY'S NAME: (As it is filed with the Ca. Contractors License Board)

- Corporation
- Sub S Corporation
- Partnership
- Limited Liability Co.
- Joint Venture
- Sole Proprietorship

ADDRESS: _____

_____ FEDERAL TAX I.D. #

TELEPHONE: _____ FAX: _____

CONTRACTOR'S LICENSE #: _____

CONTACT PERSON: _____

YEAR BUSINESS STARTED: _____ YEAR INCORPORATED _____

STATE OF INCORPORATION: _____ FISCAL YEAR END: _____ / _____

CORPORATE OFFICERS

President	Secretary
-----------	-----------

KEY PERSONNEL

Name	Position	Time with Firm	Experience

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES (Are any owners of this company connected with the ownership of another company?)

Name	Location	Owned By	Scope of Operations

PLEASE CHECK YES OR NO TO THE FOLLOWING QUESTIONS AND EXPLAIN ALL "YES" ANSWERS ON AN ADDITIONAL PAGE OR IN THE COMMENTS SECTION ON PAGE 6 OF THIS QUESTIONNAIRE

- a. Has there been any change in the ownership of the company in the past two years? Yes No
- b. Have any of the owners been convicted of a felony? Yes No
- c. Has the company ever failed to complete a contract? Yes No
- d. Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been in receivership? Yes No
- e. Are there any liens filed against the company's or related entity's projects? Yes No
- f. Are you involved in any litigation? Yes No
- g. Been in claim with a Surety? Yes No

OWNERSHIP

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

Name (include middle name)	Marital Status	% of Ownership
Residence Address	Position/Title	
Home Telephone	S.S. # and Date of Birth	
Spouses Name (and address if different from above)	Spouse's S.S.# and Date of Birth	

SCOPE OF OPERATIONS

Brief description of the type of work you engage in: _____

List the states in which you are operating and your contractor's license number:

State	Type	License #	State	Type	License #

What percentage of your work is performed as a General Contractor? _____% As a Subcontractor _____%

What percentage of your work do you subcontract to others? _____%

What percentage of your work is public work _____% vs private work _____%

Trades normally subcontracted:

Largest work on hand at any one time in the past was \$ _____ year _____.

Largest single size job completed _____ Yr. _____ Description _____

ACCOUNTING

Name of CPA Firm: _____ Contact _____ Telephone _____

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

On what basis are taxes paid: Cash Accrual Completed Contract % of Completion

Is your job costing system computerized Yes No If yes, what software do you use _____

How often do you update your cost accounting system (daily, weekly, monthly) _____

How often do you review your cost accounting records (daily, weekly, monthly) _____

Since the last statement date, have your operations been profitable? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Is your firm current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

Are the owners/stockholders current on all taxes: Withholding, Sales, Income, Miscellaneous? Yes No
If No, attach an explanation or answer in the comments section on Page 6 of this Questionnaire

BANK REFERENCES

Bank Name: _____ Your Contact: _____

Address: _____ Telephone: _____ Fax: _____

Do you have a line of credit? Yes No If yes now much _____ Renewal date _____

BONDING

Previous Bonding Company	

Has any collateral been deposited with any prior Surety? Yes No. If Yes, amount \$ _____

Has collateral been released? Not Applicable Yes No

INSURANCE

Business Life Insurance

Insured	Company	Beneficiary	Amount

List 5 Principal material suppliers:

1.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

2.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

3.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

4.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

5.

Firm Name:	Phone No.:	Fax:
Address:	Contact	

PROJECT REFERENCES (WORK EXPERIENCE)

List 5 of your most significant completed contracts:

1.

Owner/General Contractor		Phone No.:	Fax No:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

2.

Owner/General Contractor		Phone No.:	Fax No:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

3.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

4.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

5.

Owner/General Contractor		Phone No.:	Fax No.:
Address:		Contact	
Contract Price	Gross Profit (Loss)	Year Completed	Bonded?
Job Description/Location			

COMMENTS

Applicants Signature: _____

Date: _____

Name: _____

Title: _____