



Contractor Questionnaire

COMPANY NAME _____
CONTACT NAME _____
PHYSICAL ADDRESS _____
MAILING ADDRESS _____
TELEPHONE NUMBER _____ FAX NUMBER _____ MOBILE _____
EMAIL ADDRESS _____ WEBSITE _____
BUSINESS TYPE (C-CORP, S-CORP, LLC, PARTNERSHIP, PROPRIETORSHIP, ETC.) _____
FEDERAL TAX I.D. _____ DATE BUSINESS STARTED _____ FISCAL YEAR END _____
TYPE(s) OF WORK PERFORMED _____
ANTICIPATED REVENUE (next 12 months) \$ _____ % WORK SUBCONTRACTED _____
HOW ARE TAXES PAID? _____ % OF COMPLETION _____ ACCRUAL _____
COMPLETED CONTRACT _____ CASH _____ OTHER: _____

OWNERSHIP: Include any owners that own 5% or more interest in the company and their spouses ***Add Additional Owners on separate page***

Full Legal Name _____	Spouse's Name _____
Home Address _____	Home Address _____
% of Ownership _____ SS# _____	% of Ownership _____ SS# _____
Full Legal Name _____	Spouse's Name _____
Home Address _____	Home Address _____
% of Ownership _____ SS# _____	% of Ownership _____ SS# _____

Will the above individuals and spouses personally indemnify Surety?
Yes ☐ No ☐ **If no, please provide details _____

CREDIT QUESTIONS (these questions apply to individuals listed above and all companies in which they have had ownership)

HAS BANKRUPTCY EVER BEEN DECLARED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	If any of these questions are answered "Yes" then please provide details.
ARE ANY TAXES NOT CURRENT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
HAS A TAX LIEN EVER BEEN FILED?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

FINANCIAL & BUSINESS INFORMATION

Bank Name _____	Officer's Name _____
Address _____	Phone # _____
Line of Credit Amount _____	Current Balance _____
CPA Firm _____	CPA's Name _____
Address _____	Phone # _____
Financial Type (Taxes Only, Compilation, Review, Audit) _____	
Attorney Firm _____	Attorney's Name _____
Address _____	Phone # _____
Insurance Agency _____	Agent's Name _____
Prior Bond Agency _____	Agent's Name _____
Surety Company _____	Largest Bond _____



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WORK REFERENCES - 3 LARGEST COMPLETED JOBS WITHIN THE PAST FIVE YEARS

1. Job Name & Description _____
Contract Price \$ _____ Date Completed _____
Owner or General Contractor's Name & Address _____
Contact Person with Owner or General Contractor's _____
Owner or General Contractor's Phone # _____
Architect or Engineer (name & phone #) _____

2. Job Name & Description _____
Contract Price \$ _____ Date Completed _____
Owner or General Contractor's Name & Address _____
Contact Person with Owner or General Contractor's _____
Owner or General Contractor's Phone # _____
Architect or Engineer (name & phone #) _____

3. Job Name & Description _____
Contract Price \$ _____ Date Completed _____
Owner or General Contractor's Name & Address _____
Contact Person with Owner or General Contractor's _____
Owner or General Contractor's Phone # _____
Architect or Engineer (name & phone #) _____

CREDITORS: 3 LIST SUPPLIERS FROM WHOM YOU BUY MOST MATERIALS OR MAJOR SUBCONTRACTORS

Name _____	High Credit _____	Terms _____
Address _____		Phone _____
Name _____	High Credit _____	Terms _____
Address _____		Phone _____
Name _____	High Credit _____	Terms _____
Address _____		Phone _____

LIST ANY SUBSIDIARIES AND AFFILIATES OF THE COMPANY

Company Name _____	Ownership _____	Type of Business _____
Company Name _____	Ownership _____	Type of Business _____
Company Name _____	Ownership _____	Type of Business _____



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BUSINESS CONTINUITY PLAN/ BUY-SELL AGREEMENT(S)

Do you have a business continuity plan in place?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is there a buy/sell agreement among the owners of company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the buy/sell agreement funded by life insurance?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

APPLICANT(S) HEREBY AUTHORIZE THE SURETY TO MAKE SURE 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 FOR SURETY BY THE SURETY COMPANY AND/OR AGENT.

COMPANY NAME _____

COMPLETED BY _____

TITLE _____ (OWNER/OFFICER)

SIGNATURE _____

DATE _____