



# 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)**

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



**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 \_\_\_\_\_



**BUSINESS CONTINUITY PLAN/ BUY-SELL AGREEMENT(S)**

- Do you have a business continuity plan in place?      Yes       No
- Is there a buy/sell agreement among the owners of company?      Yes       No
- Is the buy/sell agreement funded by life insurance?      Yes       No

**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 \_\_\_\_\_