

Contractor Questionnaire

I. BUSINESS INFORMATION

Business name: _____

Contact name: _____ E-mail address: _____

Firm address: _____

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 ☐ Minority ☐ Woman Owned Other: _____

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm (List additional owners on separate pages):

1	Full Name: _____	Pct. Owned: _____ %	Date of Birth: _____	SSN: _____
	Position: _____	Since: _____	Home Address: _____	
	Spouse Full Name: _____	Spouse Date of Birth: _____	Spouse SSN: _____	
2	Full Name: _____	Pct. Owned: _____ %	Date of Birth: _____	SSN: _____
	Position: _____	Since: _____	Home Address: _____	
	Spouse Full Name: _____	Spouse Date of Birth: _____	Spouse SSN: _____	

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, or liens/judgments? 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 revenues 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: _____
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
Do you have an accountant/bookkeeper on staff? ☐ Yes ☐ No Phone: _____
Accounting software: _____ Estimating/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: _____
LOC – ☐ Unsecured ☐ Secured By: _____

VI. LARGEST COMPLETED CONTRACTS (LARGEST FIRST)

1	Job Name: _____	City, State: _____	Contract Price: \$ _____	Date Completed: _____	Bonded: ☐ Yes ☐ No
	Contact Name at Firm: _____ Firm: _____ Phone: _____ Email/Fax: _____				
	Project Description: _____				
2	Job Name: _____	City, State: _____	Contract Price: \$ _____	Date Completed: _____	Bonded: ☐ Yes ☐ No
	Contact Name at Firm: _____ Firm: _____ Phone: _____ Email/Fax: _____				
	Project Description: _____				
3	Job Name: _____	City, State: _____	Contract Price: \$ _____	Date Completed: _____	Bonded: ☐ Yes ☐ No
	Contact Name at Firm: _____ Firm: _____ Phone: _____ Email/Fax: _____				
	Project Description: _____				



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.

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

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____ Date: _____

Additional Remarks: