



Contractors Bond Questionnaire

Organization & Background

Name:	_____		
Address:	_____		
Phone:	_____	Fax:	_____
Email	_____	Website:	_____
FEIN#	_____		

Type of Business Individual | Partnership | C-Corp | S Corp | LLC
 Date Business Formed _____ Date Current Management Started _____

List the corporate officers, partners, or proprietors of your firm:

Name and Social Security	Position	DOB	% Owned	Name of Spouse
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Is there a trust? Yes | No | If yes, attach copy
 Is there a buy/sell agreement in place? Yes | No | If yes, attach copy
 Has your firm, predecessor firm, or principals ever filed for bankruptcy? Yes | No |
 Are there any subsidiaries or related businesses? Yes | No |

Is your firm union? Yes | No |
 How many employees? _____
 How many crews? _____

Are you 8(A) certified? Yes | No | If yes, graduation date _____
 Are you a Service Disabled Veteran Firm? Yes | No
 Are you Hub Zone qualified? Yes | No



Scope of Operations

List key personnel and attach resumes (i.e. CFO, controller, project manager, superintendent, estimators)

Name	Position	Date of Birth	Total Yrs Experience	Yrs with firm	Prior Employer if applicable
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

What is your construction specialty? _____
 Geographic territory? _____
 What trades do you self perform? _____
 What trades do you subcontract? _____
 What percentage of work is subcontracted? _____ %

What percentage of your work is performed as a Prime contractor? _____ %
 Subcontractor? _____ %
 What percentage of your work is bonded? _____ %

Project Information

What is the largest backlog ever carried? \$ _____ Year _____
 What is the largest project ever bid? \$ _____ Year _____
 What is the largest project completed? \$ _____ Year _____

List your five largest projects completed

Project Name & Owner	Contact & Phone Number	Contract Amount	Gross Profit	Completion Date	Bonded?
		\$ _____	\$ _____		
		\$ _____	\$ _____		
		\$ _____	\$ _____		
		\$ _____	\$ _____		
		\$ _____	\$ _____		



Provide the names of five major suppliers

Business Name / Address	Contact Person	Phone	Fax

List five contractors (or subcontractors if you are a general) that you work with

Business Name	Contact Person	Phone	Job

Insurance

Agency and contact	
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	Limits of Liability		Carrier	Expiration Date
General Liability				
Umbrella				
Auto Liability				
Workers Compensation				



Accounting

Name of CPA Firm _____
 Contact Person _____ Phone Number _____

What basis are taxes paid? Cash | Completed Contract | Accrual | % Complete
 What basis are financials prepared? Cash | Completed Contract | Accrual | % Complete

Are job cost records kept? Yes | No
 If yes, how often reviewed? _____ How often updated? _____

What internal accounting program is used? _____
 Who is your internal accountant/bookkeeper? _____

Banking

Name of Bank _____
 Address _____
 Phone Number _____ Contact Person _____
 Line of credit amount \$ _____ Expiration Date _____
 Amount outstanding \$ _____ How secured? _____

Surety History

Previous Surety Companies (past 5 years)

Name	How Long with Surety	Reason for Leaving
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bonding Program
 Desired Single Size Program Limit \$ _____
 Desired Aggregate Program Limit \$ _____

Date Questionnaire Completed _____ Completed by _____