



CONTRACTOR'S QUESTIONNAIRE

Name of Firm _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-Mail _____ Web Site _____

Federal Tax ID No _____ Year Business Started _____

Type of Business: Proprietor Partnership Corp. Sub-S LLC

Date of Incorporation _____ Date present management assumed control _____

Contract Specialty _____ Market area _____

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

Name _____	
Address _____	

Home Phone No. _____	
Date of Birth _____	
Soc. Sec. No. _____	
% Ownership _____	
Company Position _____	
Spouse Name _____	
Soc. Sec. No. _____	

Name _____	
Address _____	

Home Phone No. _____	
Date of Birth _____	
Soc. Sec. No. _____	
% Ownership _____	
Company Position _____	
Spouse Name _____	
Soc. Sec. No. _____	

Name _____	
Address _____	

Home Phone No. _____	
Date of Birth _____	
Soc. Sec. No. _____	
% Ownership _____	
Company Position _____	
Spouse Name _____	
Soc. Sec. No. _____	

Name _____	
Address _____	

Home Phone No. _____	
Date of Birth _____	
Soc. Sec. No. _____	
% Ownership _____	
Company Position _____	
Spouse Name _____	
Soc. Sec. No. _____	

List any other companies or affiliates or trusts in which this firm or its stockholders have an interest:

Firm or Trust Name	% Ownership	Type of business
_____	_____	_____
_____	_____	_____
_____	_____	_____

Is there a buy/sell agreement among owners of the business? Yes No

How is the buy/sell agreement funded? _____

Are there any trust agreements in effect which now hold, or will hold at some future date, any of the company's stock or assets? _____ If so, please attach a copy.

ORGANIZATION AND WORK PROGRAM

Is your firm 8a certified? Yes No If yes, what is the exit date of the certification? _____

How many people does your firm employ? _____ How many work crews? _____

What percent of firm's work program is for government _____ % Private owners _____ %

What is the largest project you anticipate in the next year? \$ _____

What is the firm's expected sales volume next year? \$ _____

What trades are normally undertaken with your own forces? _____

What trades are normally subbed out? _____

Percent of work normally subbed out _____ % Are subs bonded? Yes No

Do you anticipate any equipment purchases? Yes No Does your firm lease equipment? Yes No

Have you been, or do you intend to be, involved in real estate development, design/build work, turnkey projects or speculative building? If so, please explain _____

Is your firm union? Yes No

List key personnel, foreman or supervisors

Name	Position	Age	Yrs. Exp.	Yrs. With Firm
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Life insurance in effect on owners and key personnel:

Name	Beneficiary	Amount	Cash Value	Carrier
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Are any of the above policies assigned? Yes No Which _____ To whom _____

FINANCIAL

Name of CPA _____ Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Fiscal year end date _____ Type of Statement Audit Review Compilation

How are financial statements prepared? Cash Accrual Completed contract % of completion

How often are financial statements prepared? Monthly Quarterly Semi-Annually Annually

On what basis are taxes paid? Cash Accrual Completed contract % of completion

BANK INFORMATION

Name of Bank _____ Contact _____

Street Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

Amount of Line of Credit \$ _____ Expiration Date _____

How is the credit line secured? _____

LEGAL

Name and address of legal counsel _____

Is your firm or any of its Owners or Officers currently involved in any litigation, claim or claim review with your current or any prior Surety? Yes No. (If Yes, Please Explain on Separate Sheet)

Are any of the firm's accounts receivable, completed work or work in progress in dispute, litigation, claim or claim review? Yes No. (If Yes, Please Explain on Separate Sheet)

Are there any liens for labor or materials filed on any of your contractors, or do you have any disputes over a contract or payment for labor and materials? Yes No. (If Yes, Please Explain on Separate Sheet)

Has your firm or any of its officers or shareholders ever

- Petitioned for bankruptcy Yes No
- Failed in business Yes No
- Been convicted of a crime Yes No
- Failed to complete a job Yes No
- Participated in a contract or project that resulted in a loss to a Surety? Yes No

(If Yes to any of the above, please explain on separate sheet)

Are the officers or shareholders United States citizens? Yes No

REFERENCES

List your three largest suppliers

Supplier Name _____ Phone _____

Address _____ Fax _____

Contract Name _____ Material _____

Supplier Name _____ Phone _____

Address _____ Fax _____

Contract Name _____ Material _____

Supplier Name _____ Phone _____

Address _____ Fax _____

Contract Name _____ Material _____

Three subcontractors (or GC If you are a sub) with whom you've worked:

Subcontractor Name _____ Phone _____

Address _____ Fax _____

Contract Name _____ Trade _____

Subcontractor Name _____ Phone _____

Address _____ Fax _____

Contract Name _____ Trade _____

Subcontractor Name _____ Phone _____

Address _____ Fax _____

Contract Name _____ Trade _____

List your five largest contracts:

Contract Name _____ Location _____
 Owner/GC Name _____ Phone _____
 Address _____ Fax _____
 Contact Name _____ Job ID _____ Bonded
 Gross Profit \$ _____ Contract price \$ _____ Completion Date _____

Contract Name _____ Location _____
 Owner/GC Name _____ Phone _____
 Address _____ Fax _____
 Contact Name _____ Job ID _____ Bonded
 Gross Profit \$ _____ Contract price \$ _____ Completion Date _____

Contract Name _____ Location _____
 Owner/GC Name _____ Phone _____
 Address _____ Fax _____
 Contact Name _____ Job ID _____ Bonded
 Gross Profit \$ _____ Contract price \$ _____ Completion Date _____

Contract Name _____ Location _____
 Owner/GC Name _____ Phone _____
 Address _____ Fax _____
 Contact Name _____ Job ID _____ Bonded
 Gross Profit \$ _____ Contract price \$ _____ Completion Date _____

Contract Name _____ Location _____
 Owner/GC Name _____ Phone _____
 Address _____ Fax _____
 Contact Name _____ Job ID _____ Bonded
 Gross Profit \$ _____ Contract price \$ _____ Completion Date _____

Previous bonding companies:

Name	Largest Amt. Bonded	Period Bonded	Reason for Leaving
_____	_____	_____	_____
_____	_____	_____	_____

ENVIRONMENTAL

List Contaminates your company regularly handles _____

Please describe type of Environmental Training your employees have received:

How Long do you maintain project records? _____

Do you have an attorney on staff Yes No Name _____ Phone # _____

Does Attorney participate in contract language review Bid No-Bid decisions? Yes No

Does company accept Generator or ownership Status? Yes No

Does company Arrange for Disposal of Hazardous Waste? Yes No

PROPERTY & CASUALTY INSURANCE**Please attach a Certificate of Insurance**

THIS FORM MUST BE COMPLETED BE COMPLETED BY A PRINCIPAL SHAREHOLDER, PARTNER OR PROPRIETOR WHO MUST EXECUTE THE FOLLOWING CERTIFICATION:

I certify that the information contained herein is accurate and complete. I promise to notify Tonry Insurance Group, Inc. as Agent for Surety immediately if I learn that any of the information herein is inaccurate or if the answers to these questions change. I understand the Surety Company will rely on this information, and my promise to update such information as it changes, in making their decisions to issue bonds. I understand that submission of false information to a surety and or insurance company may constitute a crime under applicable state and federal law.

BY: _____ Date: _____

Printed Name: _____ Title: _____

CHECKLIST

Please include the following items to make your bond application complete.

- Last three years corporate fiscal year end financial statements
- Current interim report if available
- Listing of aged accounts receivable
- Personal financial statements for all principals
- Copy of certificate of insurance
- Resumes on all key personnel
- Current work on hand schedule

Tonry Use Only:

Are you currently the agent handling the surety needs for this contractor? Yes No If yes, how long have you been handling this account?

Is this a direct account to the Agency or Brokered Business? If Brokered, what is the name of the sub-producing agency & sub-producer?

Are you aware of any pending litigation, claims, disputes or claims review against this contractor?
Yes No (If Yes, Please Explain on Separate Sheet)

Are you aware of any accounts receivable, completed work, or work currently in progress that is in dispute, litigation, claim or claim review against this contractor? Yes No (If Yes, Please Explain on Separate Sheet)

Are you aware if this principal uses a factoring company to factor accounts receivable? Yes No (If Yes, Please Explain on Separate Sheet)

I have reviewed the information contained in the questionnaire and to the best of my knowledge I am not aware of any discrepancies, inaccuracies or omissions. I promise to notify the Surety Company if I learn that any of the information herein is inaccurate or if the answers to these questions change. I understand the Surety Company will rely on this information, and my promise to update such information as it changes, in making their decisions to issue bonds. I understand that submission of false information to a surety and or insurance company may constitute a crime under applicable state and federal law.

BY: _____ Date: _____

Printed Name: _____ Title: _____