



## Contractor's Questionnaire

### 1. Introduction

Legal Business Name (As Filed with the Secretary of State): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Shipping Address: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No: \_\_\_\_\_

Cellular No.: \_\_\_\_\_ Other No.: \_\_\_\_\_

Type of Organization: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ LLC  
\_\_\_\_\_ Other (Specify) \_\_\_\_\_

\_\_\_\_\_ Union \_\_\_\_\_ Non-Union What Local(s) \_\_\_\_\_

If Corporation, have Stockholders Elected to be Considered a "Sub Chapter 'S' Corporation? \_\_\_\_\_ Yes \_\_\_\_\_ No

Date Business Founded : \_\_\_\_\_ Date Incorporated: \_\_\_\_\_

Federal Tax ID No.: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

List All Stockholders/Owners and Key Personnel in Your Business – Attach Additional Sheet if Necessary

Name, Social Security # Complete Address	Spouses Name, Social Security #	Title/ Position	% of Ownership	Date of Birth	Yrs. & Exp. In Const.

Are All Stockholders/Owners Actively Involved in the Business? \_\_\_\_\_ Yes \_\_\_\_\_ No If No, Please Explain \_\_\_\_\_

Are all Stockholders/Owners willing to personally indemnify? \_\_\_\_\_ Yes \_\_\_\_\_ No If No, why? \_\_\_\_\_

Has the Company, any of its owners, or any previous companies, ever filed bankruptcy? \_\_\_\_ Yes \_\_\_\_ No If yes, when? and why? \_\_\_\_

List Affiliated, Subsidiary or Related Companies in Which This Firm or Its Stockholders/Owners Have Interest

Legal Business Name, Address and Federal ID Number	Names of Owners & Percentage of Ownership	Scope of Operations

**2. Financial Data**

What is Your Fiscal Year End? \_\_\_\_\_

Who Prepares Your Fiscal Year End Financial Statements? \_\_\_\_\_

Telephone # \_\_\_\_\_ Do You Have Interim Financial Statements Prepared? \_\_\_\_ How often? \_\_\_\_\_

What Method of Accounting is Used in Preparing Statements? \_\_\_\_ Completed Contract \_\_\_\_ Accrual \_\_\_\_ % of Completion  
\_\_\_\_ Other If Other, Please Explain \_\_\_\_\_

On What Basis of Accounting are Taxes Paid? \_\_\_\_ Completed Contract \_\_\_\_ Accrual \_\_\_\_ % of Completion \_\_\_\_ Cash

Who is Responsible for Bookkeeping? \_\_\_\_\_ Prepared \_\_\_\_ Manually \_\_\_\_ Computer

How Long With Firm? \_\_\_\_\_ How Many Years of Experience? \_\_\_\_\_

Who is Responsible for Estimating? \_\_\_\_\_ Prepared \_\_\_\_ Manually \_\_\_\_ Computer

How Long With Firm? \_\_\_\_\_ How Many Years of Experience? \_\_\_\_\_

Provide a Brief Description and Purpose of Inventory Shown on Financial Statement \_\_\_\_\_

Do Any Financial Statements Make Reference to Real Estate Owned Other Than Buildings Used to House the Construction Co.?

\_\_\_\_ Yes \_\_\_\_ No If Yes, Briefly Describe \_\_\_\_\_

Have Operations Been Profitable Since Financial Statement Date? \_\_\_\_ Yes \_\_\_\_ No If No, Please Explain \_\_\_\_\_

Have Changes Occurred Since Statement Date Such as Acquisition of Additional Equipment, Purchase of Fixed Assets, Loans To Officers, Investments, Withdrawals or Dividends that Would Significantly Affect Financial Condition of Contractor? \_\_\_\_ Yes \_\_\_\_ No

If Yes Briefly Describe \_\_\_\_\_

Are Any New Ventures Contemplated? \_\_\_\_ Yes \_\_\_\_ No If Yes, Please Describe \_\_\_\_\_

Has Your Business Been Audited By the IRS? \_\_\_\_ Yes \_\_\_\_ No Year? \_\_\_\_\_ Are Your Taxes Current? \_\_\_\_ Yes \_\_\_\_ No

Is a Buy-Sell Agreement in Effect? \_\_\_\_ Yes \_\_\_\_ No If Yes, Please Attach a Copy

In the Event of an Owners Death, Is a Plan in Effect to Complete All Uncompleted Work? \_\_\_\_ Yes \_\_\_\_ No If Yes, Please Describe \_\_\_\_\_

List Life Insurance Policies

Insured	Amount	Beneficiary	Insurer	Cash Value

State Limits and Carrier of Liability and Compensation Insurance \_\_\_\_\_

With Whom Do You Bank? \_\_\_\_\_ Telephone No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Officer(s) With Whom You Deal \_\_\_\_\_ Direct Dial No.: \_\_\_\_\_

Do You have an Established Line of Credit ? \_\_\_\_\_ Yes \_\_\_\_\_ No How Much? \$ \_\_\_\_\_

What Was Given as Collateral to Secure This Line of Credit? \_\_\_\_\_

Do You Currently Have an SBA Loan? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes Which Bank? \_\_\_\_\_

Original Balance \$ \_\_\_\_\_ Current Outstanding Balance? \$ \_\_\_\_\_ Are Payments Current? \_\_\_\_\_ Yes \_\_\_\_\_ No

List Suppliers From Whom You Buy Most of Your Materials:

Company Name/ Contact Person	Complete Mailing Address	Telephone
1.		
2.		
3.		
4.		
5.		

**3. Scope of Operation**

Type of Construction Specialty \_\_\_\_\_  
 What Other Class of Business Do You Handle? \_\_\_\_\_ Territory \_\_\_\_\_  
 How many: Employees do you have? \_\_\_\_\_ Work Crews? \_\_\_\_\_  
 A. % Work Done For Federal \_\_\_\_\_ % Public \_\_\_\_\_ % Private \_\_\_\_\_ %  
 B. What % of Work is as: Prime \_\_\_\_\_ % Sub \_\_\_\_\_ %  
 C. What % of average job is: Materials \_\_\_\_\_ % Subcontracted to others \_\_\_\_\_ %  
 D. Are Bonds Required from Subcontractors? Yes \_\_\_\_\_ No \_\_\_\_\_ When? \_\_\_\_\_ What Trades? \_\_\_\_\_

**Largest Contracts Completed Within Last 5 Years**

Owner or General Contractor and Mailing Address	Phone Number Contact Person	Contract Amount	Date Completed
1.			
2.			
3.			
4.			
5.			

**Principal Subcontractors You Have Used in the Past 2 Years**

Company and Mailing Address	Phone Number Contact Person	Type of Work Contract Amount	Date Completed
1.			
2.			
3.			

What is Your Expected Annual Volume for the Coming Year? \_\_\_\_\_ Expected Net Profit? \_\_\_\_\_

Largest Previous Job \$ \_\_\_\_\_ Largest Previous Cost to Complete: #Jobs \_\_\_\_\_ \$ \_\_\_\_\_ Year \_\_\_\_\_

How Many Contracts do You Normally Have Underway At Any One Time #Jobs \_\_\_\_\_ \$ \_\_\_\_\_

What Is The Largest Single Contract Your Company Can Best Handle \$ \_\_\_\_\_

What Is the maximum Cost to Complete That Your Company Can Best Handle #Jobs \_\_\_\_\_ \$ \_\_\_\_\_

In What Radius (Miles) Can Your Company Operate Best? \_\_\_\_\_ Miles

The Following Questions Pertain To the Latest Uncompleted Work On Hand. Explain Any "Yes" Answers.

Are Any More Than 10% Low \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are Any Projects Behind Schedule \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Are There Any Delays or Disputes \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

Any In Penalty \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

How Much of Your Equipment is: Owned \_\_\_\_\_% Leased \_\_\_\_\_%? Please attach equipment list.

**4. Bonding History**

Name All Surety Companies With Whom You Have Dealt and the Reason For Change

Surety Company	Amount of Bonding Credit	Year	Reason For Change

Reason For Changing Sureties At This Time \_\_\_\_\_

Has Bond Application Ever Been Denied? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes, Please Explain. \_\_\_\_\_

Have You Ever Caused a Surety to Pay a Claim? \_\_\_\_\_ Yes \_\_\_\_\_ No If Yes Please Explain. \_\_\_\_\_

Are Any Mechanics Liens, Judgments, Law Suits or Claims Pending on Completed or Uncompleted Work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, Give Details \_\_\_\_\_

Pate Bonding, Inc. and its Sureties are authorized to verify any information contained herein including but not limited to my credit and employment history and to request, obtain and use credit information on me/us in the processing of my/our application. This document, or any photostatic copy hereof, hereby authorizes any third party to furnish to Pate Bonding, Inc. or its Sureties with complete consumer credit reports.

**THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS**

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

**SIGN HERE X** \_\_\_\_\_