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Bonds ■ Benefits ■ Insurance ■ Risk Management

AN EMPLOYEE-OWNED COMPANY

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CONTRACTOR'S QUESTIONNAIRE

We appreciate the opportunity to be the broker of record in providing surety bond credit to your company. The purpose of this questionnaire is to assist us, and the designated surety company, in evaluating your qualifications for the desired bond credit. For your benefit, please complete this form as accurately and completely as possible. If space is insufficient, please attach additional pages.

Contact person/title: _____

Contractor's license number and expiration date: _____ Class of license(s): _____

BACKGROUND

Name of firm: _____

Address: _____

City: _____ County: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ State of Incorporation: _____

Type of Business Entity: _____

Federal Employer I.D. Number: _____ Fiscal year end: _____

Year company started: _____ Year current management started: _____

Geographic area of operation: _____

Construction specialties: _____

What percentage of the firm's work is normally performed as:

Prime contractor: _____ % Subcontractor: _____ %

Public work: _____ % Private work: _____ %

What percentage of work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What trades do you normally undertake with your own forces? _____

Is your firm union? Yes _____ No _____ Are you a SBA 8 (a) qualified contractor? Yes _____ No _____

Number of employees? _____ Number of crews? _____

List any subsidiaries and/or affiliates of the contracting firm:

Name	Ownership	Type of business	Cross indemnity?
_____	_____	_____	_____
_____	_____	_____	_____

ORGANIZATION - OWNERS AND KEY EMPLOYEES

List the officers, partners or proprietors of your firm:

Name: _____ Position: _____ Ownership: _____ %

SS#: _____ D.O.B.: _____ Spouse's Name: _____ SS #: _____

Residential Address: _____ Res. phone #: _____

Name: _____ Position: _____ Ownership: _____ %

SS#: _____ D.O.B.: _____ Spouse's Name: _____ SS #: _____

Residential Address: _____ Res. phone #: _____

Name: _____ Position: _____ Ownership: _____ %

SS#: _____ D.O.B.: _____ Spouse's Name: _____ SS #: _____

Residential Address: _____ Res phone #: _____

Will the above individuals & spouses personally indemnify to procure surety bonds? Yes _____ No _____

If no, explain: _____

Do any of the above indemnitors have a Family Trust? Yes _____ No _____

Is there a buy/sell agreement among the owners of the business? Yes _____ (attach copy) No _____

Funded by life insurance? Yes _____ (attach Copy) No _____

List any life insurance in effect on key personnel:

Name: _____ Beneficiary: _____

Amount: \$ _____ Cash Value: \$ _____ Insurance Company: _____

Name: _____ Beneficiary: _____

Amount: \$ _____ Cash Value: \$ _____ Insurance Company: _____

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a surety? Yes _____ No _____ If yes, explain: _____

Is your firm or any of its owners or officers currently involved in any litigation? Yes _____ No _____

If yes, explain: _____

List the key personnel of your firm, which may include: officers, managers, superintendents, engineers, project manager, estimators, & others. **(If available, please attach a separate, detailed resume of each person's construction experience):**

Name	Year Hired	Present Position	D.O.B	Years of Experience	Summarize education, work, experience, prior employers, etc.
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

BANKING

Bank Name: _____ Contact Person: _____

Address: _____ Phone: () _____

Line of Credit amount: \$ _____ Exp. date: _____ Interest rate: _____ %

How is credit secured? _____ UCC Filing: Yes _____ No _____

Amount of bank line currently in use? _____

ACCOUNTING

Indicate the name of your bookkeeper or in-house accountant: _____

Name of your CPA: _____

Address: _____ Phone: _____

On what basis are taxes prepared?

Percentage of completion _____ Completed contract _____ Accrual _____ Cash _____

On what basis are financial statements prepared?

Percentage of completion _____ Completed contract _____ Accrual _____ Cash _____

On what level of assurance are financial statements prepared and how often? _____

(Annual, Semi-Annual, Quarterly, or Monthly)

CPA audit _____ CPA review _____ CPA compilation _____ Internal _____

Are job cost records tied to the general ledger? Yes _____ No _____

How often updated? _____ How often reviewed _____

Do they show job budget Vs actual costs and/or quantities? Yes _____ No _____

Has there been any major changes in your financial condition since last statement date with respect to?

Ownership _____ Withdrawals _____ Major loans or refinancing _____

Major equipment purchases or leases: _____ Other: _____

(If available, please attach a separate schedule of company's equipment/vehicles.)

BONDING

Name of present surety: _____

Name of present agency: _____

Phone: () _____ Contact person: _____

How long with present surety? _____ Reason for changing? _____

Has collateral been deposited with any prior surety? Yes _____ Amount: \$ _____ No _____

Has collateral been released? N/A _____ Yes _____ No _____

Were any bonds SBA guaranteed? Yes _____ No _____

Have you been refused a bond by your present or prior surety? Yes _____ No _____

If yes, explain: _____

Bond credit desired: Single Job \$ _____ Total work program \$ _____

INSURANCE

List agent's name and address

List Insurance Coverage's currently in effect:

	Limits in '000's		Carrier	Expiration date
General Liability	\$ _____	/ \$ _____	_____	_____
Auto Liability	\$ _____	/ \$ _____	_____	_____
Umbrella	\$ _____	/ \$ _____	_____	_____
Workers Comp			_____	_____

REFERENCES

List four of your major suppliers:

	Name	Address	Phone	Contact
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

List four subcontractors (or General/Primes if you are a subcontractor) that you do business with:

- Name: _____ Phone: _____
Address: _____ Contact: _____
- Name: _____ Phone: _____
Address: _____ Contact: _____
- Name: _____ Phone: _____
Address: _____ Contact: _____
- Name: _____ Phone: _____
Address: _____ Contact: _____

List three architects/engineers you have done business with:

- Name: _____ Phone: _____
Address: _____
Contact: _____ Job: _____
- Name: _____ Phone: _____
Address: _____
Contact: _____ Job: _____
- Name: _____ Phone: _____
Address: _____
Contact: _____ Job: _____

JOB EXPERIENCE

Largest single job completed: \$ _____ Year: _____

Largest backlog (cost to complete) of work on hand at one time: \$ _____ Year: _____

Largest single job bid: \$ _____ Year: _____

List five of your largest contracts:

1. Job description: _____

Location: _____ Completion date: _____ bonded? Yes _____ No _____

Final contract price: \$ _____ Final gross profit? \$ _____

Owner: _____ Contact: _____ Phone: () _____

2. Job description: _____

Location: _____ Completion date: _____ bonded? Yes _____ No _____

Final contract price: \$ _____ Final gross profit? \$ _____

Owner: _____ Contact: _____ Phone: () _____

3. Job description: _____

Location: _____ Completion date: _____ bonded? Yes _____ No _____

Final contract price: \$ _____ Final gross profit? \$ _____

Owner: _____ Contact: _____ Phone: () _____

4. Job description: _____

Location: _____ Completion date: _____ bonded? Yes _____ No _____

Final contract price: \$ _____ Final gross profit? \$ _____

Owner: _____ Contact: _____ Phone: () _____

5. Job description: _____

Location: _____ Completion date: _____ bonded? Yes _____ No _____

Final contract price: \$ _____ Final gross profit? \$ _____

Owner: _____ Contact: _____ Phone: () _____

Name of company attorney: _____

Address: _____

Certification: I certify all information is complete and correct and is given to induce the designated surety company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I authorize the designated surety company to obtain credit information and to make such other investigations as it deems necessary to underwrite this application.

Contractor company name: _____

By: _____ Title: _____

Date: _____