



Contractor's Questionnaire

General Information

Company Name: _____ Date Bus. Started: _____

Business Address: _____

Business Phone: _____ Fax: _____ Fed. ID No.: _____

Form of Business (check one) Proprietorship Partnership Corporation LLC Sub-Chapter S Corp.

Type of construction performed: _____

Percentage of work subcontracted: _____ Major Trades: _____

Anticipated bond needs for next 12 months: Single Bond Amount: _____ Aggregate _____

What was your largest work program (uncompleted work-on-hand)?

Total Amount: _____ When (mo/yr): _____ No of Jobs: _____

Has your company ever failed to complete a contract?	Yes	No
Are there any disputes on your current work?	Yes	No
Has your firm or any of its owners or officers ever petitioned for bankruptcy?	Yes	No
Is your firm or any of its owners or officers:		
Involved in any litigation?	Yes	No
Acting as surety or indemnitor for others?	Yes	No
Acting as an endorser for others on their notes or loan accounts?	Yes	No

If answer is yes to any questions, please attach a full explanation.

Company Ownership/Organization

List all owners and/or stockholders of the company. Attach additional sheets if necessary.

Name: _____	Position/Title: _____	% Ownership: _____
Home Address: _____		Own Rent
Social Security No.: _____	Home Phone No.: _____	
Spouse's Name: _____	Spouse's Social Security No.: _____	
Spouse's Employer: _____	Number of Years: _____	

Name: _____	Position/Title: _____	% Ownership: _____
Home Address: _____		Own Rent
Social Security No.: _____	Home Phone No.: _____	
Spouse's Name: _____	Spouse's Social Security No.: _____	
Spouse's Employer: _____	Number of Years: _____	

List other key personnel (estimators, bookkeepers, foremen, supervisors, etc.)

Name	Position	Yrs. with Firm	Yrs. Experience
_____	_____	_____	_____
_____	_____	_____	_____

In addition to contracting, what other business activities are you or do you intend to engage in? _____



Accounting and Financial

Name of Accounting Firm: _____ Phone No.: _____
 Name of Accountant: _____ Date of Fiscal Year End _____
 How often are statements prepared? _____ Type: _____
 Are all business and personal taxes current? Yes No
 Have operations been profitable since last statement date? Yes No
 Are all receivables current and undisputed? Yes No

If answer is no to any questions, please attach a full explanation.

Continuity / Job Completion

Life Insurance Insured	Insurance Company	Amount	Beneficiary
_____	_____	_____	_____
_____	_____	_____	_____

What arrangements have been made to assure contracts are completed in the event the owner(s) are not available?

Bonding

Have you ever been bonded? Yes No Type: License Performance and Payment
 When: _____ Bonding Co.: _____ Amount: _____
 Have you ever had an application for surety credit declined? Yes No If yes, why? _____

I hereby certify that all information presented is complete and accurate to the best of my knowledge. I authorize Frontier Bonding Service to gather any credit information it considers necessary and to investigate this and all other statements and reports submitted with this questionnaire.

By: _____ Date: _____
Signature of Contractor

Name of Your Insurance Agent/Broker: _____ Phone: _____



Reference Summary For _____ Dated: _____

Project References

What was the largest project completed by your company? _____
Date completed _____ Contract Price: _____
Who were you under contract with on this project? _____
(Name, phone number and contact person):

Contract Description: _____

List the largest projects you have completed in the last 3 years.

1) Owner or GC: _____ Person to Contact: _____

Project Name & Description: _____

Phone: _____ Contract Amount _____ Year completed _____

2) Owner or GC: _____ Person to Contact: _____

Project Name & Description: _____

Phone: _____ Contract Amount _____ Year completed _____

3) Owner or GC: _____ Person to Contact: _____

Project Name & Description: _____

Phone: _____ Contract Amount _____ Year completed _____

List your 3 largest material suppliers.

1) Supplier Name: _____ Phone No.: _____

2) Supplier Name: _____ Phone No.: _____

3) Supplier Name: _____ Phone No.: _____

List 2 architects or engineers that are familiar with your work.

1) Name: _____ Contact: _____ Phone No.: _____

2) Name: _____ Contact: _____ Phone No.: _____

Bank Information

1) Bank: _____ Type: _____ Account No: _____

Name on Account: _____ Contact: _____ Phone: _____

2) Bank: _____ Type: _____ Account No: _____

Name on Account: _____ Contact: _____ Phone: _____

Do you have a line of credit? Yes No With what bank? _____

Amount of line of credit _____ Amount in use _____

How secured? _____ Expiration date _____