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CONTRACTOR QUESTIONNAIRE

Contractor's Name: _____ FEIN #: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____ Website: _____

C-Corp S-Corp LLC Individual Partnership Joint Venture

Fiscal Yr End: _____ Area of operation: _____ FedEx #: _____

Contact person: _____ Date Organized: _____

Predecessor organizations: _____

Corporate Officers/Partners/Proprietors/Owners:

| NAME | AGE | TITLE | %* | SSN | SPOUSE |
|------|-----|-------|----|-----|--------|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

* Percent of ownership

List any Subsidiaries or Affiliates of the Contracting Firm:

| FIRM NAME | OWNERS/PCT. OWNED | TYPE OF BUSINESS |
|-----------|-------------------|------------------|
| | | |
| | | |

Buy/Sell Agreement or Continuation Plan in place in case of death/disability of owner? Yes No

How many people does your firm employ? _____ Number of work crews: _____

Has your firm, or any of its owners or affiliates, ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to surety? Yes No

If yes, please explain: _____

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

If yes, please explain: _____



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Type of Work Usually Performed:

- Residential New Hwy. Electrical Apartment Public Bldg. Plumbing
 School Bridges Excavation A/C Water Sys. Landscaping
 Commercial Sewer Other: _____

Percentage usually done as: Prime contractor: _____ % Subcontractor: _____ %
 Percentage of work sublet to others: _____ % Public: _____ % Private: _____ %
 What trades do you normally subcontract? _____
 What trades do you do yourself? _____
 Largest work program in the last five years? Amt: \$ _____ Yr: _____
 Largest single job you expect to do during the next year? \$ _____
 Largest uncompleted work program expected during the next 12 months? \$ _____
 Expected annual sales volume over the next year? \$ _____
 Is your firm union: Yes No

Accountant/CPA name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Fax: _____

On what basis are financial statements prepared?
 Cash Completed job Accrual % of completion
 On what level of assurance are the Year End financial statements prepared?
 CPA audit Review Compilation
 Do you or your CPA prepare mid-year statements: Yes No

Bank name: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Contact: _____
 Phone: _____ Fax: _____
 Line of credit amount: \$ _____ Expiration date: _____
 How is the credit secured? _____

Previous Bonding Companies:

| NAME | REASON FOR LEAVING |
|------|--------------------|
| | |
| | |
| | |
| | |



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List Five of Your Largest Contracts:

| | | | | | |
|----------|---|-------|-----------------|------------|-------------|
| 1 | JOB NAME | PRICE | GROSS PROFIT | COMPLETION | BONDED |
| | | | | | [] Y [] N |
| | Owner: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____ | | | | |

| | | | | | |
|----------|---|-------|-----------------|------------|-------------|
| 2 | JOB NAME | PRICE | GROSS PROFIT | COMPLETION | BONDED |
| | | | | | [] Y [] N |
| | Owner: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____ | | | | |

| | | | | | |
|----------|---|-------|-----------------|------------|-------------|
| 3 | JOB NAME | PRICE | GROSS PROFIT | COMPLETION | BONDED |
| | | | | | [] Y [] N |
| | Owner: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____ | | | | |

| | | | | | |
|----------|---|-------|-----------------|------------|-------------|
| 4 | JOB NAME | PRICE | GROSS PROFIT | COMPLETION | BONDED |
| | | | | | [] Y [] N |
| | Owner: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____ | | | | |

| | | | | | |
|----------|---|-------|-----------------|------------|-------------|
| 5 | JOB NAME | PRICE | GROSS PROFIT | COMPLETION | BONDED |
| | | | | | [] Y [] N |
| | Owner: _____ Address: _____ Phone: _____ Fax: _____ Contact: _____ | | | | |



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List Five of Your Major Suppliers:

| | |
|----------|---|
| 1 | Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____ |
|----------|---|

| | |
|----------|---|
| 2 | Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____ |
|----------|---|

| | |
|----------|---|
| 3 | Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____ |
|----------|---|

| | |
|----------|---|
| 4 | Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____ |
|----------|---|

| | |
|----------|---|
| 5 | Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____ |
|----------|---|

Key Personnel, Foreman or Supervisors:

| NAME | POSITION | YR. EXPERIENCE | PREV. EMPLOYER |
|------|----------|-------------------|----------------|
| | | | |
| | | | |
| | | | |
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Life Insurance in Effect on Owners or Key Personnel:

| | | | | |
|----------|--------------------------|-------------|--------|------------|
| 1 | NAME | BENEFICIARY | AMOUNT | CASH VALUE |
| | | | \$ | \$ |
| | Insurance company: _____ | | | |

| | | | | |
|----------|--------------------------|-------------|--------|------------|
| 2 | NAME | BENEFICIARY | AMOUNT | CASH VALUE |
| | | | \$ | \$ |
| | Insurance company: _____ | | | |

| | | | | |
|----------|--------------------------|-------------|--------|------------|
| 3 | NAME | BENEFICIARY | AMOUNT | CASH VALUE |
| | | | \$ | \$ |
| | Insurance company: _____ | | | |

Insurance Coverage Currently in Effect OR attach copies of current certificates: (Limits in '000's)

| | LIMITS | INSURANCE CO. | EXP. DATE |
|--------------------|--------|---------------|-----------|
| General Liability: | \$ | | |
| Auto Liability: | \$ | | |
| Worker's Comp: | \$ | | |

Completed by: _____ Title: _____ Date: _____