



Assurance Brokers, LTD

Construction • Commercial • Auto
Home • Life • Health

95 N. Research Dr.
Suite 100
Edwardsville, IL
62025
Tel: 800.556.2663
Fax: 618.692.9865

2236 Mason Ln
Ballwin, Mo
63021
Tel: 888.868.6560
Fax: 314.821.5779

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: _____