



# 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:

<b>1</b>	Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____
<b>2</b>	Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____
<b>3</b>	Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____
<b>4</b>	Name: _____ Contact: _____ Phone: _____ Address: _____ City/State/Zip: _____
<b>5</b>	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:

<b>1</b>	NAME	BENEFICIARY	AMOUNT	CASH VALUE
			\$	\$
	Insurance company:			

<b>2</b>	NAME	BENEFICIARY	AMOUNT	CASH VALUE
			\$	\$
	Insurance company:			

<b>3</b>	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: \_\_\_\_\_