Michael A. Jones Individual Surety MAJIS
The Wrap to Grow Your Business

CONTRACTOR QUESTIONNAIRE

Name of Firm:_____

Address:_____

_____ _____ _____ Fiscal Yr. End:_____
(City) (State) (Zip)

Phone: (__)_____ Fax: (__)_____ Contracting Specialty: _____

Contact Person: _____ Title: _____

Year Business Started:____ Type of Business: ☐ Corp. ☐ Part. ☐ Prop ☐ Sup. S. Corp.

State of Incorporation: ____ Area of Operation: _____

List the corporate officers, partners, or proprietors of your firm: (Include soc. security #'s)

	Name	DOB	Position	Percentage Owned	Name of Spouse
A.					
B.					
C.					
D.					
E.					

Are the above individuals and spouses personally indemnifying Surety?

☐ Yes ☐ No

Is there a buy/sell agreement among the owners of the business?
□ Yes □ No

Is this agreement funded by life insurance?

□ Yes □ No

How many people does your firm employ? _____

How many crew workers? ____

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, please explain:

_____

_____

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

If yes, please explain:

_____

_____

What percentage of the firms work is normally for?

Government Agencies: ____% Private Owner: ____%

What percentage of the firm's work is normally subcontracted: ____%?

Are bonds required of subs?

□ Yes □ No

What trades do you normally subcontract? _____

_____

What is the largest amount of uncompleted work on hand at one time in the past year?

Amount: _____ Year: _____

What is the largest job you expect to do during the next year? $_____

What is the largest uncompleted work program expected during the next year? $_____

What is your expected annual volume next year? $_____

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

_____

Do you lease equipment?

☐ Yes ☐ No

Type of Lease? _____

What are the terms of the lease?

_____

_____

Name of your CPA: _____

Address: _____

Phone: (__)_____ Contact Person: _____

On what basis are taxes paid? ☐ Cash ☐ Completed Job ☐ Accrual ☐ % of Completion

On what basis are financial statements prepared? ☐ Cash ☐Completed Job of Completion ☐ Accrual ☐ %

On what level of assurance are financial statements prepared?

👍 □✌	✌◆♎ ♓♦	☼♏❖ ♓♏⬥	👍□□□♓●♋ ♦♓□■

How often are financial statements prepared?

Annually	Semi-annually	Quarterly	Monthly

Do you have a full time accountant on staff:

☐ Yes ☐ No

If yes, years of experience ___

Are job cost records kept?

☐ Yes ☐ No

How often reviewed? _____

How often updated? _____

Do they show job detail?

☐ Yes ☐ No

Frequency? _____

Name of your bank: _____

Address: _____

Phone: ( ) _____ Contact Person: _____

Amount of line of credit: $_____ Expiration Date: _____ Int. Rate: ____%

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

Is your firm union? ☐ Yes ☐ No What is firm's Dun & Bradstreet Number? ___

D&B Rating: _____ Pay Record _____ Date of Rating: _____

Remarks:

_____

_____

Previous Bonding Companies:

	Name	**Reason for Leaving**
A.		
B.		
C.		

List your five largest contracts: (include phone # for reference)

	Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
A.	_____	$_____	$_____	_____	☐ Yes ☐ No

Owner: _____ Design Professional: _____

B. _____ $ _____ $ _____ _____ ☐ Yes ☐ No _____

Owner: _____ Design Professional: _____

C. _____ $ _____ $ _____ _____ ☐ Yes ☐ No _____

Owner: _____ Design Professional: _____

D. _____ $ _____ $ _____ _____ ☐ Yes ☐ No _____

Owner: _____ Design Professional: _____

E. _____ $ _____ $ _____ _____ ☐ Yes ☐ No _____

Owner: _____ Design Professional: _____

List five of your major suppliers:

	Name	**Address**	**Telephone**	**Contact**
A.				
B.				
C.				
D.				
E.				

List five subcontractors (or contractors if you are a sub) that you do business with:

A. Name: _____

Address: _____ Phone No. _____

Contact: _____ Job: _____

B. Name: _____

Address: _____ Phone No. _____

Contact: _____ Job: _____

C. Name: _____

Address: _____ Phone No. _____

Contact:_____ Job:_____

D. Name:_____

Address:_____ Phone No._____

Contact:_____ Job:_____

E. Name:_____

Address:_____ Phone No._____

Contact:_____ Job:_____

List three architects you have done business with:

A. Name:_____

Address:_____ Phone No._____

Contact:_____ Job:_____

B. Name:_____

Address:_____ Phone No._____

Contact:_____ Job:_____

C. Name:_____

Address:_____ Phone No._____

Contact:_____ Job:_____

List key personnel, foremen, or supervisors:

	Name	Position	Year of Birth	Years of Experience	Previous Employer
A.					
B.					
C.					
D.					
E.					

List any life insurance in effect on key personnel:

	Name	Beneficiary	Amount	Cash Value
A.	_____	_____	$ _____	$ _____
	Insurance Company: _____			
B.	_____	_____	$ _____	$ _____
	Insurance Company: _____			
C.	_____	_____	$ _____	$ _____
	Insurance Company: _____			

List other insurance coverage currently in effect:

		Limit in the '000's			
		BI	**PD**	**Carrier**	**Expiration Date**
A.	General Liability:	$ _____	$ _____	_____	_____
B.	Auto Liability:	$ _____	$ _____	_____	_____
C.	Umbrella	$ _____	$ _____	_____	_____
D.	Owner's Protection	$ _____	$ _____	_____	_____

List any subsidiaries and affiliates of the contracting firm:

	Firm Name	Ownership	Type of Business	Nanda Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Remarks:

Completed by: _____

Title: _____

Date: _____

Bank Credit Questionnaire

Principal: _____
_____
_____

Checking Account:

Current Balance: _____

Average Daily Balance: _____

Account Opened: _____

Relationship: _____

Savings Account

Current Balance: _____

Average Daily Balance: _____

Account Opened: _____

Relationship: _____

Line of Credit Information

Amount of Line: _____

Balance Outstanding: _____

Expiration Date:_____

Secured By: _____

Signed By: _____ (Affix Bank Seal)

Authorized Bank Representative, Dated this ____ day of _____, 20__.