

SERVICE/SUPPLY CONTRACTOR QUESTIONNAIRE

BUSINESS INFORMATION

Name of Firm: _____

Contact Name: _____ E-mail Address: _____

Firm Address: _____

Phone: _____ Fax: _____

Web Site: http://_____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ SIC Code: _____

Service Specialty: _____

Geographic Area(s) of Operation: _____

Type of Business ☐ C-Corp. ☐ Sub S. Corp. ☐ Part. ☐ Prop. ☐ LLC

OFFICER INFORMATION

List the corporate officers, partners, or proprietors of your firm:

<u>Legal Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Legal Name of Spouse</u>	<u>Spouse SSN</u>
1. _____	_____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
2. _____	_____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
3. _____	_____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
4. _____	_____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		
5. _____	_____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____		

Will the above individuals and spouses personally indemnify Surety? ☐ Yes ☐ No (explain below)

If No, explain:

KEY PERSONNEL

List additional personnel key to your operations:

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

BUSINESS DETAILS

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? If so, please attach explanation. ☐ Yes ☐ No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation. ☐ Yes ☐ No

What percentage of the firm's work is normally for: Government Agencies _____ Private Owners _____

Does any one customer represent a significant portion of your annual revenue? ☐ Yes ☐ No

If yes, explain: _____

List three of your major competitors: _____

Does your company have a standard contract? If so, please attach. ☐ Yes ☐ No

What other guarantees beyond performance are included? _____

What is the average and maximum duration of your contracts? (6 months, 2 years, etc.) _____

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

What is the largest amount of work under contract at one time? _____

What is your expected annual volume? _____

FINANCIAL INFORMATION

Name of CPA Firm: _____ Fiscal Year End: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Company Phone: _____ Fax: _____

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

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

On what level of assurance are financial statements prepared? ☐ CPA Audit ☐ Review ☐ Compilation

How often are internal financial statements prepared? ☐ Annually ☐ Semi-Annually ☐ Quarterly ☐ Monthly

Do you have a full time accountant on staff? ☐ Yes ☐ No Professional designations: _____

Name of Bank: _____ Address: _____

Contact Name: _____ Phone: _____

Line of Credit: \$ _____ Expiration: _____

Letter of Credit Rate: _____

EXPERIENCE & REFERENCES

Previous Bonding Companies:

Name:

Reason for Leaving:

1.		
2.		
3.		

List five of your largest contracts:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?

1.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:		Phone Number:		
2.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:		Phone Number:		
3.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:		Phone Number:		
4.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:		Phone Number:		
5.	\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:		Phone Number:		

LIFE INSURANCE INFORMATION

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

Is this agreement funded by life insurance? ☐ Yes ☐ No

List any life insurance in effect on officers or key personnel:

Name	Beneficiary	Amount	Insurance Company
1.		\$	
2.		\$	
3.		\$	
4.		\$	

BUSINESS INSURANCE INFORMATION

Provide information on your business insurance:

Name of insurance broker/agency?

Agent's Name: _____ E-mail: _____

Phone: _____ Fax: _____

SUBSIDIARIES AND AFFILIATES

List any subsidiaries and commonly owned companies:

Firm Name	Ownership	Type of Business	Cross/Corp. Indemnity?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: _____

Attachments:

- ☐ Copies of the last three fiscal financial statements including WIP & completed contract schedules
- ☐ Current interim financial statement and WIP report if fiscal statement is over six months old
- ☐ Current financial statement for all indemnitors
- ☐ Bank Line of Credit Agreement
- ☐ Buy/Sell Agreement
- ☐ Copy of Typical Contract
- ☐ Certificate of Insurance
- ☐ Resumes of Owners/Key Employees
- ☐ Brochure and/or Letters of Recommendation about the accomplishments of your firm
- ☐ Other: please describe below:

Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____

Date: _____

Additional Remarks: _____

