

CONTRACTOR'S QUESTIONNAIRE

Contractor's full business name as licensed: _____

Business Address: _____ Bus. Phone (____) _____
Street City State Zip

The firm is a: Corporation (Circle here is Subchapter S) Partnership Sole Proprietorship

A. Type of construction: _____ Year this business started: _____

B. What percentage of your work is performed as a general contractor _____%, as a subcontractor _____%
 What percentage of your work do you typically sub to others? _____%. Do you bond your major subcontractors? _____

C. List construction license types held by firm with license number and state _____

D. Largest work on hand of company at any one time was \$ _____ during 19 _____ and consisted of _____ contracts.

	YES	NO
E. Is the company a subsidiary, parent, or holding company of any other company?	<input type="checkbox"/>	<input type="checkbox"/>
F. Has there been any change in the control of the company or any related entity in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>
G. Has the company ever failed to complete a contract?	<input type="checkbox"/>	<input type="checkbox"/>
H. Has the company, any stockholder, owner, partner, subsidiary, parent, holding company of affiliates ever filed for bankruptcy or been in receivership?	<input type="checkbox"/>	<input type="checkbox"/>
I. Are there any liens filed against the company's or related entity's projects?	<input type="checkbox"/>	<input type="checkbox"/>
J. Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor?	<input type="checkbox"/>	<input type="checkbox"/>
K. Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted?	<input type="checkbox"/>	<input type="checkbox"/>
L. Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?	<input type="checkbox"/>	<input type="checkbox"/>
M. Are you involved in any litigation?	<input type="checkbox"/>	<input type="checkbox"/>
N. Do you have a continuity plan? (Attach copy of any written agreement.)	<input type="checkbox"/>	<input type="checkbox"/>
O. Are any assets of the company or any indemnitor held in trust? (Attach copy of Trust Agreement.)	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "Yes" answers below; use additional pages if necessary.

PRINCIPALS OF THE COMPANY ARE:

Name	Position or Title with this Firm	% of Ownership in this firm	Home Phone
Residence Address	City	State	Zip
Spouse's Name	Spouse's S.S. No.		
Driver's License No.	Social Security No.	How long in this industry	How long with this firm
Year born		Personal Banking: Name	
Address		Account Numbers	

Name	Position or Title with this Firm	% of Ownership in this firm	Home Phone
Residence Address	City	State	Zip
Spouse's Name	Spouse's S.S. No.		
Driver's License No.	Social Security No.	How long in this industry	How long with this firm
Year born		Personal Banking: Name	
Address		Account Numbers	

REFERENCES

List the four largest contracts completed in the last five years:

- A. Owner/General Contractor _____ Phone (____) _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonding Company _____
- B. Owner/General Contractor _____ Phone (____) _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonding Company _____
- C. Owner/General Contractor _____ Phone (____) _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonding Company _____
- D. Owner/General Contractor _____ Phone (____) _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonding Company _____

List three architects or engineers who are familiar with your work:

- A. Individual's Name _____ Phone (____) _____
Firm Name _____
Address _____
- B. Individual's Name _____ Phone (____) _____
Firm Name _____
Address _____
- C. Individual's Name _____ Phone (____) _____
Firm Name _____
Address _____

List five principal material suppliers/subcontractors:

A. Firm Name _____ Phone (____) _____
Address _____ Contact Person _____

B. Firm Name _____ Phone (____) _____
Address _____ Contact Person _____

C. Firm Name _____ Phone (____) _____
Address _____ Contact Person _____

D. Firm Name _____ Phone (____) _____
Address _____ Contact Person _____

E. Firm Name _____ Phone (____) _____
Address _____ Contact Person _____

BUSINESS BANKING

Name of Bank _____ Address _____

Whom to contact at bank _____ Phone (____) _____ Years with Bank _____

Account Numbers _____

Line of credit amount \$ _____ How secured? _____ How much in use \$ _____

(Attach copies of Business/Personal Bank Statements that will verify cash balances.)

ACCOUNTING

Name of accounting firm _____ Phone (____) _____

Address _____ Years with this firm _____

Whom to contact _____

Fiscal year end is _____. How often are financial statements prepared? _____ Audit/Review/Other _____

Does this accounting firm also prepare the business tax returns? _____ Date of last IRS audit _____

Results _____

BONDING/INSURANCE

Who is your most recent bonding company? _____

Location _____ Underwriter _____ Phone (____) _____

Years with this bonding company _____ Largest single contract bonded \$ _____

Reason for changing surety? _____

Have you provided collateral to the bonding company? _____

Bond Credit desired: Single contract \$ _____ ; Total Work Program at any one time \$ _____

Who is your Broker/Agent for insurance? _____

Does your company carry insurance on: YES NO

- 1. Liability with completed operations YES NO Limits _____
- 2. Workers' compensation YES NO _____
- 3. Property owned/leased YES NO _____
- 4. Equipment owned/leased YES NO _____
- 5. Business Life or Key man insurance: YES NO _____

NOTE: It may be necessary to verify that specific insurance is in full force & effect prior to bond issuance.

INSURED	COMPANY	BENEFICIARY	AMOUNT
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____
_____	_____	_____	\$ _____

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce _____ (hereinafter called Surety) to execute or procure the execution of Surety bonds, and any extension, modification, or renewal thereof, addition thereto, or substitution therefore. Each of the undersigned further affirms that he understands that suretyship is credit, and authorizes Surety, or its authorized Broker, Apollo General Insurance Agency, Inc. to gather information it considers necessary for evaluating whether or not credit should be granted.

DATE: _____

CONTRACTOR COMPANY NAME _____

BY: _____ TITLE: _____

SUBMITTED THROUGH: _____

APOLLO GENERAL INSURANCE AGENCY, INC
Broker/Agency

Address _____

Contact Person _____ Phone _____