



"All Your Insurance Needs . . . Under One Roof"

400A Franklin St. Braintree, MA 02184

Telephone No: 781-843-7000 Fax No: 781-848-6100

Contractor Questionnaire

1. Name of Firm:		2. Federal ID:			
3. Address:		City/State:	Zip Code:		
4. Email Address:		5. Phone No:	6. Fax No:		
7. Contracting Specialty:		8. Contact Person:	9. Title:		
10. Year Business Started:	11. Type of Business: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Sub S Corporation <input type="checkbox"/>				
12. Fiscal Year End:	13. State of Incorporation:	14. Area of Operation:			
15. List the Corporate Officers, Partners, or Proprietors of the Firm					
Name	Yr of Birth	Position	% Owned	SSN	Name of Spouse
1.					
2.					
3.					
4.					
5.					
16. Will the above individuals and spouses personally indemnify Surety? Yes <input type="checkbox"/> No <input type="checkbox"/> If no, please explain below:					
17. Is there a Buy/Sell Agreement among the Owners? Yes <input type="checkbox"/> No <input type="checkbox"/>					
18. Is this Agreement funded by life insurance? Yes <input type="checkbox"/> No <input type="checkbox"/>					
19. Corporation Indemnity? Yes <input type="checkbox"/> No <input type="checkbox"/>			20. Cross/Corporation Indemnity? Yes <input type="checkbox"/> No <input type="checkbox"/>		
21. How many people does your firm employ?			22. How many work crews?		
23. Has your firm or Principals ever petitioned for bankruptcy, failed in business or defaulted as to cause a loss to a Surety? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain:					
24. Is your firm or any of its Owners or Officers currently involved in any litigation? Yes <input type="checkbox"/> No <input type="checkbox"/>					
If yes, please explain:					
25. What percentage of the firm's work is normally for:		Governmental Agencies:	%	Private Owners:	%
26. What percentage of the firms work is normally subcontracted?		%			
27. Are bonds required of all subcontractors? Yes <input type="checkbox"/> No <input type="checkbox"/>					
28. What trades do you normally subcontract?					
29. What is the largest amount of uncompleted work on hand at one time in the past?			Amount: \$	Year:	
30. What is the largest job you expect to do during the next year?			Amount: \$		
31. What is the largest uncompleted work program expected during the next year?			Amount: \$		
32. What is your expected annual volume next year?			Amount: \$		
33. What trades do you normally undertake with your own forces?					
34. What is your SIC Code?					
35. Do you lease equipment? Yes <input type="checkbox"/> No <input type="checkbox"/>			36. What is the type of lease?		
37. What are the terms of the lease?					

38. Name of your CPA:		Address:	
Contact Name:		Email:	Phone No:
39. On what basis are you taxes paid? Cash <input type="checkbox"/> Completed Job <input type="checkbox"/> Accrual <input type="checkbox"/> Percentage of Completion <input type="checkbox"/>			
40. On what basis are your financial statements prepared? Cash <input type="checkbox"/> Completed Job <input type="checkbox"/> Accrual <input type="checkbox"/> Percentage of Completion <input type="checkbox"/>			
41. On what level of assurance are financial statements prepared? CPA Audit <input type="checkbox"/> Review Compilation <input type="checkbox"/>			
42. How often are the financial statements prepared? Annually <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly <input type="checkbox"/>			
43. Do you employ a full-time Accountant? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, how many years experience?	
44. Are job cost records kept? Yes <input type="checkbox"/> No <input type="checkbox"/>		How often reviewed?	How often updated?
45. Do they show job detail? Yes <input type="checkbox"/> No <input type="checkbox"/>		Frequency?	
46. Name of your Bank:		Address	
Contact Name:		Email:	Phone No:
47. Line of Credit Amount? \$	48. Expiration Date:		49. Interest Rate: %
50. UCC Filing? Yes <input type="checkbox"/> No <input type="checkbox"/>	51. How is credit secured?		
52. Is your firm Union? Yes <input type="checkbox"/> No <input type="checkbox"/>			
53. Firm's Dunn & Bradstreet No?	D&B Rating:	Pay Record:	Date of Rating:
Additional Remarks:			
54. Previous Bonding Companies:			
Name		Reason for leaving	
55. List <u>five</u> of your largest contracts :			
Job Name:	Owner:	Design Professional:	
Contract Price: \$	Gross Profit: \$	Completion Date:	Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Name:	Owner:	Design Professional:	
Contract Price: \$	Gross Profit: \$	Completion Date:	Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Name:	Owner:	Design Professional:	
Contract Price: \$	Gross Profit: \$	Completion Date:	Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Name:	Owner:	Design Professional:	
Contract Price: \$	Gross Profit: \$	Completion Date:	Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
Job Name:	Owner:	Design Professional:	
Contract Price: \$	Gross Profit: \$	Completion Date:	Bonded? Yes <input type="checkbox"/> No <input type="checkbox"/>
56. List <u>five</u> of your major suppliers ?			
Name:	Address:	Telephone Number	Contact Name

57. List five **Subcontractors** (or **Contractors** if you are a Subcontractor) that you do business with?

Name:		Job name:	
Address:		Telephone No:	Contact:
Name:		Job name:	
Address:		Telephone No:	Contact:
Name:		Job name:	
Address:		Telephone No:	Contact:
Name:		Job name:	
Address:		Telephone No:	Contact:
Name:		Job name:	
Address:		Telephone No:	Contact:

58. List three **Architects** you have done business with?

Name:		Job name:	
Address:		Telephone No:	Contact:
Name:		Job name:	
Address:		Telephone No:	Contact:
Name:		Job name:	
Address:		Telephone No:	Contact:

59. List **key personnel**, foremen or supervisors:

Name:		Position:	
Year of Birth:	Years Experience:	Previous Employer:	
Name:		Position:	
Year of Birth:	Years Experience:	Previous Employer:	
Name:		Position:	
Year of Birth:	Years Experience:	Previous Employer:	
Name:		Position:	
Year of Birth:	Years Experience:	Previous Employer:	
Name:		Position:	
Year of Birth:	Years Experience:	Previous Employer:	

60. List any **life insurance** in effect on key personnel?

Name:		Beneficiary:	
Face amount:	Cash Value:	Insurance Company:	
Name:		Beneficiary:	
Face amount:	Cash Value:	Insurance Company:	
Name:		Beneficiary:	
Face amount:	Cash Value:	Insurance Company:	

61. List **other insurance** coverage currently in effect:

	Bodily Injury (000's)	Property Damage (000's)	Expiration Date	Company
General Liability				
Commercial Auto				
Umbrella				
Owners Protection				

62. List **any subsidiaries and affiliates** of the contracting firm:

Name of Firm	Ownership	Type of Business	NANDA Code

Delivery Instructions:

Federal Express No:

Prepared by:

Title:

Signature:

Date: