

CONTRACTOR'S QUESTIONNAIRE

COMPANY NAME: _____ DATE: _____
 ADDRESS: _____ PHONE: (____) _____
 CITY/STATE/ZIP CODE: _____ FAX: (____) _____

GENERAL INFORMATION					
Form of business (check one) (check one)	Proprietorship <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>	Sub-Chapter S Corporation <input type="checkbox"/>	LLC <input type="checkbox"/>
	Union <input type="checkbox"/>	Non-Union <input type="checkbox"/>	Merit/Open Shop <input type="checkbox"/>		
Type of Construction performed: _____					
Geographical Area of Operations: _____					
States in which licensed to do business: _____					
Do you ever engage in Joint Ventures? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, give details on separate letter.)					
How often are you required to provide bonds: <input type="checkbox"/> Frequently <input type="checkbox"/> Occasionally <input type="checkbox"/> Very Seldom					

HISTORY	
Date Business Established: _____	Date Incorporated: _____
Name of Predecessor Company: _____	
When did current management assume control? _____	

ORGANIZATION—OWNERS AND KEY EMPLOYEES						
NAME	AGE	% OF STOCK	NAME OF SPOUSE	POSITION	YEARS EXPERIENCE HERE/OTHER	
					/	
					/	
Are the owners personally active in this business? Yes <input type="checkbox"/> No <input type="checkbox"/> (If no, give details on separate letter.)						
Have any of the principals declared bankruptcy? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, give details on separate letter.)						

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES			
NAME	LOCATION	OWNED BY	SCOPE OF OPERATIONS
Is the construction company, its' stockholders or any related companies engaged in any form of real estate investment, real estate development, or any other construction related activity? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe: _____			
In addition to contracting, what other business activities are you or do you intend to engage in? _____			

CONTINUITY—JOB COMPLETION			
Is there a formal Buy-Sell Agreement in effect? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, attach a copy.) How is the Buy-Sell Agreement funded? _____			
Who is it between? _____			
INSURED	Amount of Life Insurance Payable to the Corporation INSURANCE COMPANY	AMOUNT	AMOUNT BORROWED
What arrangements have been made to assure contracts are completed in the event the owner(s) are not available? _____			
What incentives are given the key employees to follow through (bonuses, profit sharing, etc.)? _____			

ACCOUNTING AND FINANCIAL REPORTING

Name/Address of Accounting Firm: _____

- ☐ CPA
☐ Public Accountant
☐ Other

Phone (_____) _____ Fax (_____) _____

This accounting firm is: ☐ Independent
☐ Internal and/or accountant is an officer or partner of the construction company
☐ Other

How many years has this firm prepared your financial statements? _____ Years Tax returns? _____ Years

Fiscal year end date: _____ This statement is prepared: ☐ Fully audited (unqualified) ☐ Review basis
☐ Partially audited ☐ Compilation basis

Are interim statements prepared? ☐ Yes ☐ No
How often? ☐ Monthly ☐ Quarterly ☐ Semi Annually

Method of Accounting: (Check one for each line)

	% of Completion	Completed Contract	Accrual	Cash
For financial reporting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For tax purposes*	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*If taxes are paid on a Subchapter S basis, show the basis the earnings are reported on the 1120S Federal Information Return for tax purposes _____

Date of your last IRS clearance _____ Results: _____

Have your operations been profitable since the last statement date? Yes ☐ No ☐Are Taxes current? Yes ☐ No ☐ Any Tax liens? Yes ☐ No ☐

Have there been any major changes in your financial condition since last statement date with respect to ☐ ownership, ☐ major loans or refinancing,
☐ major equipment purchases or leases, ☐ withdrawals or ☐ other? If so, describe: _____

Internal cost accounting records provide job status reports ☐ daily, ☐ weekly, ☐ monthly, ☐ quarterly, ☐ other: _____

Please provide your Federal I.D. No. _____

INSURANCE CURRENTLY IN FORCE

List all insurance coverages, including company, limits and expiration dates (or attach a current certificate of insurance).

SUITS, JUDGMENTS, DEFAULTS AND CONTINGENT LIABILITIES

Has your company or any officer or any partner ever failed in business or compromised with creditors?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your company ever failed to complete a contract?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you ever failed to qualify for a bond after an award?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you acting as surety or bond indemnitor for others?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you acting as an endorser for others on their notes or loan accounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Does your company or any officer or partner owe any money to a bonding company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Has your company or any officer or partner ever required any financial assistance or borrowed money from a bonding company?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

If yes to any of the above questions, provide details in a separate letter

Signed _____ Dated _____