

# CONTRACTORS BEST INSURANCE AGENCY INC.

## Contractor Questionnaire

### COMPANY INFORMATION

**Principal:** \_\_\_\_\_ **Fed X #** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_

**Telephone:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ **Fax:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Ownership:**  Sole Proprietor  Partnership  Corporation **FEIN #** \_\_\_\_\_

**Year Business Started:** \_\_\_\_\_ **Year and State of Corporation (If applicable)** \_\_\_\_\_

**Is there a Buy/Sell Agreement in Effect?**  YES  NO

**What Continuity provisions do you have in place for the continuation of the company?** \_\_\_\_\_

**Has there been any change in ownership in the past two Years?**  YES  NO

**Company Specialty:** \_\_\_\_\_

**List ALL Affiliated Companies:** \_\_\_\_\_

**List all Owners (PROVIDE RESUMES):**

Name, Home address & Phone	% of Ownership	Age	Title / Responsibility	Individual SS #	Marital Status	Spouse's Legal Name & SS#

**What is your geographic area of operation:** \_\_\_\_\_

**Are Bonds required from subcontractors or suppliers?**  YES  NO

**If Yes, over what amount?** \$ \_\_\_\_\_

**Do you presently own the equipment necessary to complete your work?**  YES  NO

**If Not, will you be:**  Buying  Leasing  Renting

**What is the largest single contract amount \$ \_\_\_\_\_, and largest total program \$ \_\_\_\_\_ your company will require this year?**

**List all Key Operating Personnel (PROVIDE RESUMES):**

Name	Position / Responsibility	Age	Time in Position	Time in Industry

**Has your company had any disputes or ever failed to complete a job on schedule?**  YES  NO

**Has your company, or any of its principals ever petitioned for bankruptcy, failed in business, or defaulted on a contract, been in receivership, been liened by a taxing authority or caused a Surety to suffer a loss?**  YES  NO

**Is there litigation, law suits, or claims pending on completed or uncompleted work?**  YES  NO

**If you answer "YES" to any of these questions, please attach a detailed explanation.**

**Has your company ever been bonded?**  YES  NO **If YES, with what Surety?** \_\_\_\_\_

**Reason for changing Surety Company:** \_\_\_\_\_

**Have you in the past, or do you plan to use more than one Surety at a time?**  YES  NO

**Is collateral currently posted with any other Surety to secure bonds on behalf of your firm?** YES \_\_\_ NO \_\_\_

**What was your largest BONDED job:** \$ \_\_\_\_\_ **Largest Work program (Bonded & Unbonded):** \$ \_\_\_\_\_

**List the Five Largest Contracts completed within the past FIVE Years:**

Obligee, Address, City, State, Zip	Phone/Fax/Contact Person	Contract Amount	Project Name & Description	Date Completed

**List THREE Prime Suppliers:**

Supplier Name / Contact	City / State	Phone #	Fax #

**FINANCIAL BANKING – INSURANCE DATA**

**Date of Fiscal Year End:** \_\_\_\_\_

**On what Basis are Business Financial Statements Prepared?**

Cash   Accrual   Percentage of Completion   Completed Contract

**Classification of Year-End Financial Statements:**   CPA Audit   Reviewed   Compilation

**How often are Financial Statements Prepared?**   Annually   Semi-Annually   Quarterly

**Please provide the name, address and phone number of your Accountant:** \_\_\_\_\_

**Are any of your Accounts Receivable or retentions assigned, pledged, hypothecated, sold or discounted (other than for your present bank line of credit and bonded contracts) or do you plan to do this in the future?**   YES   NO   **If YES, please explain?** \_\_\_\_\_

**Bank Name:** \_\_\_\_\_ **Contact:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone # ( ) -** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_

**Do you have an established Line of Credit?**   YES   NO   **Amount \$** \_\_\_\_\_

**How much is currently available: \$** \_\_\_\_\_ **Expiration Date:** \_\_\_\_\_

**This Line is:**   Unsecured   Secured   **Type of Security:** \_\_\_\_\_

**Are any Assets Held in a Trust? If Yes, Name of Trust:** \_\_\_\_\_

**General Liability Carrier:** \_\_\_\_\_

**Hazardous Liability Insurance Carrier (if applicable):** \_\_\_\_\_

**Worker's Compensation Insurance Carrier:** \_\_\_\_\_

**Provide a Current Certificate of Insurance**

**The undersigned hereby represents that the herein statements are true and authorizes any bank, creditor or other reference to verify correctness of items in the above statement to the surety.**

**Dated this** \_\_\_\_\_ **Day of** \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
(Name of Company)

**By:** \_\_\_\_\_  
(Signature & Title)