



General Information

Name of Firm: _____

Address: _____

Phone: () _____ Fax: () _____

Contracting Specialty: _____

Year Business Started: _____ Type of Business: Corp. Part. Prop. Sub. S. Corp.

State of Incorporation: _____ Tax ID #: _____

Area of Operation: _____

Organization

Date which current management came into control: _____

List the corporate officers, partners or proprietors of your firm: (Please provide résumés)

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>% Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

Will the above individuals and spouses personally indemnify Surety? Yes No

If no, explain: _____

List key personnel, foremen or supervisors: (Please provide résumés)

	<u>Name</u>	<u>Year of Birth</u>	<u>Position</u>	<u>Years with Firm</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

Number of employees: _____ Number of work crews: _____

List all subsidiaries and affiliates of the contracting firm:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

Operations

What percentage of the firm's work is normally for: Public Owners _____ %
 Private Owners _____ %

Largest amount of uncompleted work on hand at one time: Amount: \$ _____
 Year: _____

Largest job you expect to do during the next year: \$ _____

Largest uncompleted work program expected during the next year: \$ _____

Expected annual revenue next year: \$ _____

Trades normally undertaken with by firm: _____

Trades normally subcontracted: _____

Percentage of the firm's work which is normally subcontracted: _____ %

Please explain policies with respect to bonding of subcontractors: _____

Do you lease equipment? Yes No

Type and terms of normal lease: _____

Accounting

Name of CPA: _____

Address: _____

Phone: _____

Date of first engagement: _____

Type of engagement for fiscal year end: Audit Review Compilation Other

Does the CPA prepare interim financial statements? Yes No If yes, please indicate type of engagement:

 Audit Review Compilation Other

Basis for financial statements: Cash Completed Contract Accrual % of Completion

Basis for tax computations: Cash Completed Contract Accrual % of Completion

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

Do you have a full time accountant on staff? Yes No Years experience _____

Are accounting functions computerized? Yes No

Name of financial accounting software: _____

Name of job cost accounting software: _____

Name of estimating software: _____

How often are job cost records updated? _____

How often are job cost records reviewed and by whom? _____

Credit

Name of your bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of line of credit: \$ _____ Expiration Date: _____

Interest rate: _____ %

Security: _____

Prior Sureties:

	<u>Name</u>	<u>Years with Surety</u>	<u>Reason for Leaving</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____

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? Yes No

If yes, please explain:

Is your firm or any of its owners or officers currently involved in any litigation? Yes No

If yes, please explain on a separate sheet.

References

List your five largest contracts:

	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>	
A.	_____	\$ _____	\$ _____	_____	Yes	No
	Nature of Project: _____					
B.	_____	\$ _____	\$ _____	_____	Yes	No
	Nature of Project: _____					
C.	_____	\$ _____	\$ _____	_____	Yes	No
	Nature of Project: _____					
D.	_____	\$ _____	\$ _____	_____	Yes	No
	Nature of Project: _____					
E.	_____	\$ _____	\$ _____	_____	Yes	No
	Nature of Project: _____					

Please provide names, addresses and telephone numbers for reference contacts for each of the following. References provided should be firms with which you have had dealings in at least the past three years. Suppliers and subcontractors should be firms with which you have had extensive dealings over the past years.

- Owners or their representatives: FIVE references
- Suppliers: FIVE references
- Subcontractors: FIVE references
- Architect/Engineers: THREE references

Insurance

List insurance coverage currently in effect:

	<u>Limits in '000's</u>		<u>Insurance Company</u>	<u>Expiration Date</u>
	<u>Bodily Injury</u>	<u>Property Damage</u>		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____
E. Workers' Comp.:	\$ _____	\$ _____	_____	_____

Continuity

What continuity and/or completion provisions have been made? Buy/Sell Agreement Other

If a buy/sell agreement is in place, how is it funded? (Please provide copy) _____

If "Other", describe provisions: _____

Does the firm carry key man life insurance on the officers? Yes No

If yes, please indicate amount of life insurance in force and beneficiary below:

	<u>Name</u>	<u>Amount of Life Insurance</u>	<u>Beneficiary</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____

Completed by: _____

Title: _____

Date: _____