

Contractor's Questionnaire



Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____
Website: _____

Date: _____
Phone: _____
Fax: _____
E-mail: _____

GENERAL INFORMATION

Form of Business (check one) Proprietorship Partnership Corporation Sub-Chapter S LLC

Type of construction performed: _____

Fiscal Year End Date: _____ Union Non-Union

Geographic Territory: _____

States in which licensed to do business: _____
(Please attach copies of licenses)

Do you ever engage in Joint Ventures? Yes (If yes, give details on a separate sheet) No

HISTORY

Date business established: _____ Date business incorporated: _____ Federal Tax ID # _____

Name of Predecessor Company: _____

When did current management assume control? _____

ORGANIZATION, OWNERS AND KEY EMPLOYEES

1) Full Name: _____
Title: _____
Spouse: _____
Title: _____
Home Address: _____

Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Home Phone: _____

2) Full Name: _____
Title: _____
Spouse: _____
Title: _____
Home Address: _____

Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Home Phone: _____

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3) Full Name: _____
Title: _____
Spouse: _____
Title: _____
Home Address: _____

Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Home Phone: _____

Are the owners personally active in the business? Yes No (If no, give details on a separate sheet)

Have any of the principals ever declared bankruptcy? Yes No (If yes, give details on a separate sheet)

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

<u>Name</u>	<u>Location</u>	<u>Owned By</u>	<u>Scope of Operations</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any entity in which the contractor, stockholders or related companies had financial interests engaged in any form of real estate investment, development or building or any other related activities? Yes No

If yes, describe: _____

In addition to contracting, what other business activities are you engaged in or do you engage in? _____

CONTINUITY-JOB COMPLETION

Is there a formal Buy-Sell Agreement in effect? Yes No (If yes, attach a copy)

How is the Buy-Sell Agreement funded? _____

Who are the parties to the Buy-Sell Agreement? _____

AMOUNT OF LIFE INSURANCE PAYABLE TO THE CORPORATION

<u>Insured</u>	<u>Insurance Company</u>	<u>Amount</u>	<u>Amount Borrowed</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What arrangements have been made to assure contracts are completed in the event key personnel are not available?

What incentives are given to the key employees to follow through (bonuses, profit sharing, etc.)? _____

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BANK REFERENCES

Name of Bank: _____ Date Account Established: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____
Name of Loan Officer: _____ Fax: _____
Amount of Bank Line \$ _____ Unsecured \$ _____ Secured \$ _____
Description of Security: Accounts Receivable Contract Rights Personal Endorsement Inventory
 Equipment/Real Estate Other: _____
Expiration Date: _____ Amount of Bank Line Currently in Use \$ _____

Please notify your bank that Allstar Financial Group will be in touch.

ACCOUNTING AND FINANCIAL REPORTING

Name/Address of Accounting Firm: _____
 CPA Public Accountant Other _____ Fiscal Year End Date: _____
Is your accountant an officer, partner or a relative of an officer or partner of the construction company? Yes No
How many years has this firm prepared your financial statements? _____ yrs. Tax Returns? _____ yrs.
Fiscal year end statement is prepared: Audited Review Other: _____
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"/>

Have your operations been profitable since the last year end statement? Yes No
Are taxes (including Payroll, FIT and SIT) current? Yes No Any tax liens? Yes No Date of Last Tax Audit? _____
Have there been any major changes in the last 12 months with respect to:
 Ownership Loans or Refinancing Equipment Other If so, please describe below:

Do you have a system for providing periodic internal cost accounting reports showing job status?
 Daily Weekly Monthly Quarterly Other (please describe) _____

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REFERENCES

List 5 owners/architects/engineers with whom you have worked in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 subcontractors/general contractors with whom you have worked in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 suppliers with whom you buy most of your material.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

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CURRENT WORK ON HAND

Attach a "Work on Hand Schedule" form concurrent with the fiscal year end statement furnished and a current report if the latest financial statement is more than three months old. The following questions pertain to the latest "Work on Hand Schedule" form.

Please explain on a separate sheet of paper any "Yes" answers.

- Was your bid on any project more than 10% below that of the second bidder? Yes No
- Any projects behind schedule to complete? Yes No
- Any delays or disputes on any projects? Yes No
- Any penalty for late completion? Yes No

INSURANCE CURRENTLY IN FORCE

Certificate of insurance: Attached Forthcoming

SUITS, JUDGMENTS, DEFAULTS AND CONTINGENT LIABILITIES

- Has your company or any officer or any partner ever failed in business or compromised with creditors? Yes No
- Has your company ever failed to complete a contract? Yes No
- Have you ever failed to qualify for a bond after an award? Yes No
- Are you acting as a surety or bondsman for others? Yes No
- Are you acting as an endorser for others on their notes or accounts? Yes No
- Does your company or any officer or partner owe money to a bonding company? Yes No
- Has your company or any officer or partner ever required financial assistance or borrowed from a bonding company? Yes No
- Do you have the necessary equipment to perform the anticipated job/program? Yes No

Name/Phone Number of Attorney: _____

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JOB EXPERIENCE

Largest Single Job Completed: \$ _____ Year: _____

Average Single Job: \$ _____ Average Program: \$ _____

Please list the 3 largest contracts completed in the last 3 years:

1. Job Description: _____

Your Contract With: (Owner/General Contractor) _____

Name of Person to Contact: _____ Phone: _____ Fax: _____

Contract Price: \$ _____ Amount of Profit or Loss \$ _____ Date Completed: _____

2. Job Description: _____

Your Contract With: (Owner/General Contractor) _____

Name of Person to Contact: _____ Phone: _____ Fax: _____

Contract Price: \$ _____ Amount of Profit or Loss \$ _____ Date Completed: _____

3. Job Description: _____

Your Contract With: (Owner/General Contractor) _____

Name of Person to Contact: _____ Phone: _____ Fax: _____

Contract Price: \$ _____ Amount of Profit or Loss \$ _____ Date Completed: _____

PRIOR SURETIES

Name/Address of Your Present Surety: _____

How long have you been with your present surety? _____ yrs. Reason for changing: _____

As an inducement for bonding, are you currently providing:

Personal Indemnities Collateral Additional Corporate Indemnities

Have you been refused by your present or prior surety? Yes No If yes, please explain: _____

The Undersigned hereby authorizes the Surety to make such pertinent inquiry as may be necessary from financial institutions, credit reporting companies or agencies and all other persons, firms and corporations in order to confirm or verify information referred to or listed herein.

Signed: _____ Date: _____