



## CONTRACTORS QUESTIONNAIRE

### AFFILIATED COMPANIES

18) Please list all subsidiaries and affiliated companies and attach most recent fiscal year end statement for all companies:

Company Name	Owner's Name	% of Ownership	Type of Business

19) Do you or any affiliated company engage in any Real Estate, Development, or Speculative building activities? ☐ Yes ☐ No  
If yes, please attach description

If yes, will the affiliated/subsidiary companies listed above provide indemnity to the surety? ☐ Yes ☐ No

20) Are you engaged in any other business besides contracting? ☐ Yes ☐ No  
If yes, please attach description

### BUSINESS CONTINUITY

21) Is there a formal buy/sell agreement among the owners of the business? ☐ Yes ☐ No

If yes, is this agreement funded by life insurance? ☐ Yes ☐ No

If yes, does this agreement cover disability? ☐ Yes ☐ No

22) In the event of owner(s) death or incapacitation, is a plan in effect to complete all work on hand? ☐ Yes ☐ No

Describe: \_\_\_\_\_  
\_\_\_\_\_

23) List any life insurance in effect on owners, officers or key personnel:

Policyholder	Beneficiary	Amount	Insurance Company

# CONTRACTORS QUESTIONNAIRE

## JOB EXPERIENCE

24) List the five largest contracts completed in the last five years:

Owner/ General Contractor	Type of Work	Location (City/State)	Contract Amount	Completion Date	Final Gross Profit	Contact (Name/Phone#)

25) Largest amount of uncompleted work on hand (cost to complete) \$ \_\_\_\_\_ Year \_\_\_\_\_

26) Size of jobs and work program best able to handle: Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

27) Present surety needs: Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

28) Has your company ever been bonded? ☐ Yes ☐ No

If yes, current/previous surety company \_\_\_\_\_ How long? \_\_\_\_\_ years

Reason for changing \_\_\_\_\_ Largest single bonded contract \$ \_\_\_\_\_

If currently bonded, who is your current agent/broker? \_\_\_\_\_

29) Has any collateral been deposited with any prior surety? ☐ Yes ☐ No

If yes, amount: \$ \_\_\_\_\_

If yes, has collateral been released? ☐ Yes ☐ No

30) Estimating: Who is responsible for estimating? \_\_\_\_\_

Are estimates prepared: ☐ Manually ☐ Computer ☐ Both

Are all estimates checked by more than one individual? ☐ Yes ☐ No

How often are job costs posted? ☐ Daily ☐ Weekly ☐ Monthly

Are progress reports made to management? ☐ Yes ☐ No

If yes, how often? \_\_\_\_\_

Are comparisons made of actual job costs vs. original estimated costs? ☐ Yes ☐ No

## CONTRACTORS QUESTIONNAIRE

### CREDIT AND REFERENCES

31) List your major suppliers:

Supplier Name	Address, City, State, Zip	Contact Person	Telephone & Fax

32) At present are your payables?

☐ Discounted  
☐ 0-30 days late

☐ Paid within terms  
☐ 30-60 days late

☐ over 90 days late

33) List 5 General Contractors, Subcontractors, Architects, Engineers or Owners with whom you have worked in the last two years:

Name	Project	Contact Person	Telephone & Fax

34) List your bank relationships:

Bank Name	Address	Bank Officer	Telephone & Fax

35) Do you have a line of credit?

☐ Yes ☐ No

Amount of Line: \$ \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Amount in Use: \$ \_\_\_\_\_

How Secured? \_\_\_\_\_

## CONTRACTORS QUESTIONNAIRE

### ACCOUNTING AND FINANCIAL INFORMATION

36) Accounting Firm Name: \_\_\_\_\_

37) Qualifications: ☐ CPA ☐ Public Accountant ☐ Bookkeeper ☐ Other

38) Address: \_\_\_\_\_  
Street City County State Zip

39) Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

40) How long has this firm prepared your financial statements? \_\_\_\_\_ years tax return? \_\_\_\_\_ years

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

42) On what level of assurance are financial statements prepared? ☐ CPA Audit ☐ Review ☐ Compilation

43) When is your fiscal year end? \_\_\_\_\_

44) Method of accounting: for financial reporting: ☐ % of Completion ☐ Completed Contract ☐ Accrual ☐ Cash  
for tax purposes: ☐ % of Completion ☐ Completed Contract ☐ Accrual ☐ Cash

45) Have your operations been profitable since the last financial statement? ☐ Yes ☐ No

46) Have any changes occurred since last financial statement, such as purchase of equipment, loans to officers, investments, withdrawals, or dividends that significantly affect the financial condition of the firm? ☐ Yes ☐ No

### SUITS, JUDGMENTS, DEFAULTS, AND CONTINGENT LIABILITIES

47) Please check yes or no to the following questions:

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| a) Has your company ever failed to complete a contract?                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b) Have you ever failed to qualify for a bond after a job award?          | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c) Has your bond credit ever been terminated by a Surety?                 | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d) Have you ever caused a surety to pay a loss?                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e) Has any owner or officer ever declared bankruptcy?                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f) Has any owner or officer ever failed in business?                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g) Are any corporate or personal assets held in trust or escrow accounts? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h) Are there any judgments, suits or claims outstanding?                  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i) Do you currently have a SBA Loan?                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j) Any disputes on current work?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k) Any accounts receivables in dispute?                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l) Any accounts payable in dispute?                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m) Are any taxes past due?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Explain all "yes" answers below (use additional sheet if necessary)

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# CONTRACTORS QUESTIONNAIRE

Direct Surety™

## PERSONAL INDEMNITOR INFORMATION SHEET

48) Will all owners (and spouses) who own 10% or more of the company personally indemnify the surety?

☐ Yes ☐ No

49) List of Owners / Indemnitors (please provide information below on all owners)

The undersigned hereby authorize Direct Surety and its subsidiaries (collectively the **"Company"**), designated agents and representatives, to verify any information contained in this application for surety credit, and to obtain additional information from any source, including obtaining an investigative consumer report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion for the purposes of surety bond credit evaluation and underwriting including periodic reviews, extensions, or renewals of credit for the undersigned. Information as to the nature and scope of this report may be obtained upon written request. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

**(Please print clearly; all owners / indemnitors and spouses must sign; use additional sheet if necessary)**

OWNER 1	OWNER 2
Name _____	Name _____
Home Address _____	Address _____
City/State/Zip _____	City/State/Zip _____
DOB _____ SS# _____	DOB _____ SS# _____
Driver's License (State & No.) _____	Driver's License (State & No.) _____
% Ownership _____ Position/Title _____	% Ownership _____ Position/Title _____
Signature X _____	Signature X _____
Spouse Name _____ (If none, state "none")	Spouse Name _____ (If none, state "none")
DOB _____ SS# _____	DOB _____ SS# _____
Signature X _____	Signature X _____

## ATTESTATION

The undersigned hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to induce the Surety to extend surety credit. The applicants and indemnitors authorize the Company, its affiliates, or sureties, to verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report.

Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

X \_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Printed Name \_\_\_\_\_ Title \_\_\_\_\_

\_\_\_\_\_  
Company Name