

Dale Barton

INSURANCE AND SURETY SINCE 1948
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Contractor's Questionnaire

Please answer each question **fully**. If an explanation is required use the space provided or attach separate sheets with this questionnaire.

Registered Name of Firm: _____
 (Exactly as it appears on Corporate Seal or as used in general conduct of business if not incorporated)

Address: _____

Phone: _____ Contact Person: _____ Title: _____

Organization

Date Business Formed: _____ Date Incorporated: _____ State of Inc: _____

If Successor to Prior Business, Name of Predecessor: _____

Type of Operation: Union Non-Union Merit/Open Shop

Approximate number of employees: _____

Type of Construction (Firm's Specialties): _____

Geographical Area(s) of Operation: _____

- | | |
|--------------------------|----------------------|
| <input type="checkbox"/> | Corporation |
| <input type="checkbox"/> | Sub Chapter 'S' Corp |
| <input type="checkbox"/> | Partnership |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Proprietorship |

List of Officers / Owners and Key Personnel

Name	Age	Position	% of Stock	Spouse	% of Stock

(Please attach resume of **key field and office personnel**, including those listed above. Outline age, principal duties, education and experience. Also, please specify type of work, largest jobs, positions held, and all previous employers.)

Are the owners personally active in this business? Yes No

If no, give details: _____

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

If no, explain:

List of Parent, Affiliated, Subsidiary and / or Related Companies

Name & Address	Stock Ownership	Scope of Operations	Endorsement by Principal or Stockholders

Yes No

Any outside owners or stockholders?

If yes, please give names and percent of ownership: _____

Has any entity in which the contractor, stockholders or related companies have financial interests engaged in any real estate investment, development or building or any other related activities?

If yes, describe: _____

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

Continuity - Job Completion

Yes No

Is there a formal Buy/Sell Agreement in effect among the owners of the business?

If no, explain alternative solution: _____

Is the Buy/Sell Agreement funded by life insurance?

In the event of the owner's absence or death, is a plan in effect to complete all uncompleted work? ...

If yes, by whom? _____

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

Amount of Life Insurance Payable to the Corporation / Others

Insured	Insurance Company	Amount	Amount Borrowed	Beneficiary

Job Experience

Largest Single Job ever Completed Largest Single Job ever Bid Average Single Job

Amount _____ Year _____ Amount _____ Year _____ _____

(Please list the most important and largest contracts completed during the past five years)

Job Description	Owner / General Contractor	Contract Price	Amount of Profit or Loss	Year Completed

(List the largest contracts of those jobs that were completed **out of the contractor's state of residence** during the past five years)

Yes No

Do you engage in joint ventures?

Do you require bonds of your major subcontractors?

On the average, what portion of your work is subcontracted? _____

What percentage of the firms's work is for: Government Agencies / Municipalities _____%

Private Owners _____%

Current Work On Hand

Attach a "Schedule of Uncompleted Work" form concurrent with the latest fiscal year end statement furnished and a current report, if the latest financial statement is more than 3 months old. The following questions pertain to the latest "Schedule of Uncompleted Work" form. Explain on a separate sheet of paper any "yes" answers.

- | | Yes | No |
|--|--------------------------|--------------------------|
| Was your bid on any project more than 10% below that of the second bidder? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any projects behind schedule to complete? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any delays or disputes on any projects? | <input type="checkbox"/> | <input type="checkbox"/> |
| Any penalties assessed for late completion? | <input type="checkbox"/> | <input type="checkbox"/> |

Contractor's Equipment

(Please furnish a schedule of major equipment, either owned or leased)

- | | Yes | No |
|---|--------------------------|--------------------------|
| Do you have the necessary equipment to perform desired job / program? | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, what expenditures are anticipated? _____ | | |
| Do you lease equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what are the terms and type of lease? _____ | | |

Accounting and Financial Reporting

Name & Address of Accountant / Accounting Firm:

How many years has this firm prepared your financial statements? _____ prepared your taxes? _____

Date of your fiscal year end? _____

What is the year of your last audit by the IRS? _____

Who prepares your financial statements:

- CPA
- Public Accountant
- Internal Accountant
- Officer / Partner of your company
- Other _____

Year End Financial Statements

- Year end financial statements are prepared:
- | | |
|--|--|
| <input type="checkbox"/> Fully audited (unqualified) | <input type="checkbox"/> Review basis |
| <input type="checkbox"/> Partially audited | <input type="checkbox"/> Compilation basis |

- What is the method of recognizing income on the fiscal year end statement?
- | | |
|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Straight Accrual |
| <input type="checkbox"/> % of Completion | <input type="checkbox"/> Completed Contract |

Tax Reporting

- What is the method of recognizing income on the business tax returns?
- | | |
|--|---|
| <input type="checkbox"/> Cash | <input type="checkbox"/> Straight Accrual |
| <input type="checkbox"/> % of Completion | <input type="checkbox"/> Completed Contract |

(Note: If you are a proprietor or partnership, attach a copy of the most recent tax return.)

If taxes are paid on a Subchapter S basis, attach a copy of the 1120 S federal information return.)

Interim Statements

- | | Yes | No |
|--|--|---|
| Are interim statements prepared? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, what is the scope? | <input type="checkbox"/> Audit | <input type="checkbox"/> Review |
| How often are interim statements prepared? | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| On what basis are they prepared: | <input type="checkbox"/> Cash | <input type="checkbox"/> Straight Accrual |
| | <input type="checkbox"/> % of Completion | <input type="checkbox"/> Completed Contract |

In-House Statements

- | | Yes | No |
|---|--|---|
| Are "In-House" statements prepared? | <input type="checkbox"/> | <input type="checkbox"/> |
| If yes, how often? | <input type="checkbox"/> Monthly | <input type="checkbox"/> Quarterly |
| On what basis are they prepared: | <input type="checkbox"/> Cash | <input type="checkbox"/> Straight Accrual |
| | <input type="checkbox"/> % of Completion | <input type="checkbox"/> Completed Contract |

Basis on which the General Ledger is maintained:

- Cash Accrual Other (please explain) _____

How often are "Estimated costs to Complete" analyses prepared by the contractor?:

- Weekly Monthly Quarterly Annually

Yes No

Have **any changes** occurred since statement date such as acquisition of additional equipment, purchase of fixed assets, loans to officers, investments, withdrawals, or dividends that would significantly affect financial condition of contractor?

If yes, please give details: _____

Are any new ventures or investments contemplated?

If yes, give details: _____

Are any changes in scope of operations contemplated?

If yes, give details: _____

References

Bank: At what banks have you an established line of credit? State what, if any, security is given the bank.

Name & Location	Loan Officer / Contact	Line of Credit		Nature of Security and / or Name of Endorser
		Unsecured	Secured	

Major Suppliers: Suppliers from which you purchased most of your materials in the past 2 years.

Name & Address	Telephone	Credit Manager

At present, your firm is: Discounting Bills Paying within terms
 1-30 days late 30-60 days late Over 60 days late

Subcontractors: List subs (or contractors if you are a subcontractor) you have worked with in the last 2 years.

Name & Address	Telephone	Credit Manager

Architects or Engineers: List three who have supervised your work in the past year.

Architect / Engineer	Address	Owner / Project

Insurance Coverages Currently In Force

	Limits	Carrier
General Liability	_____	_____
Auto	_____	_____
Umbrella	_____	_____
Workers Compensation	_____	_____

Yes No

Do you require certificates of liability and workers compensation insurance for subcontractors?

Surety Information

	Name	Length of Time
Surety company presently providing bonds.	_____	_____
Agent handling account.	_____	_____

Yes No

Are any changes contemplated in type of construction normally performed?

Please indicate below:

_____ % of work as prime contractor		_____ % of work subcontracted to others
_____ % of work as subcontractor		_____ % of subcontractors bonded
_____ % of work requiring performance and payment bonds		

Capacity

What is the largest amount of uncompleted work on hand that you have ever had at any one time?

Amount _____ Year _____

What size projects and backlog do you feel your organization is best qualified to handle?

Single Job \$ _____ Total Program \$ _____

Liens, Suits, Judgments, Defaults and Contingent Liabilities

		Yes	No
Are taxes current?	<input type="checkbox"/>		<input type="checkbox"/>
Any tax liens?	<input type="checkbox"/>		<input type="checkbox"/>
Has your firm or any of its principals ever petitioned for bankruptcy?	<input type="checkbox"/>		<input type="checkbox"/>
Has your company or any officer or partner ever failed in business or compromised with creditors? ..	<input type="checkbox"/>		<input type="checkbox"/>
Has your company ever failed to complete a contract?	<input type="checkbox"/>		<input type="checkbox"/>
Has any partner or officer of your organization ever failed to complete a contract?	<input type="checkbox"/>		<input type="checkbox"/>
Are any liens outstanding against any of your work?	<input type="checkbox"/>		<input type="checkbox"/>
Have you ever failed to qualify for a bond after an award?	<input type="checkbox"/>		<input type="checkbox"/>
Have you ever had any serious controversy with anyone regarding your work or payment for labor or materials?	<input type="checkbox"/>		<input type="checkbox"/>
Are there any judgments, suits or claims pending against you?	<input type="checkbox"/>		<input type="checkbox"/>
Are there any judgments, suits or claims pending against your partners?	<input type="checkbox"/>		<input type="checkbox"/>
Are you acting as surety or bondsman for others?	<input type="checkbox"/>		<input type="checkbox"/>
Are you acting as endorser for others on their notes or accounts?	<input type="checkbox"/>		<input type="checkbox"/>
Does your company or any officer or partner owe any money to a bonding company?	<input type="checkbox"/>		<input type="checkbox"/>
Has your firm or any of its principals ever defaulted thereby causing a loss to a surety?	<input type="checkbox"/>		<input type="checkbox"/>
Has your company or any officer or partner ever required any financial assistance or borrowed any money from a bonding company?	<input type="checkbox"/>		<input type="checkbox"/>
Is your firm or any of its owners or officers currently involved in any litigation?	<input type="checkbox"/>		<input type="checkbox"/>

The above answers are true to the best of my knowledge and belief.

Signed: _____ Dated: _____
 Title: _____