

Agency Name: _____

Agency Email: _____ Agency Phone: _____

Agency Contact Person: _____

CONTRACTOR'S QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____
 (Street/PO Box)

 (City) (State) (Zip) (Website Address)

3. Phone: _____ 4. Contracting Specialty: _____

5. Contact Person: _____ 6. Title: _____

7. Year Business Started: _____ 8. Type of Business: Corp. Part. Prop. Sub. S. LLC

9. State of Incorporation: _____ 10. Fiscal Year End Date: _____ 11. Area of Operation: _____

12. Is your firm union? Yes No

13. List the corporate officers, partners or proprietors of your firm:

<u>Name</u>	<u>Date of Birth</u>	<u>SS#</u>	<u>Position/ Title</u>	<u>Percent Owned</u>	<u>Name of Spouse/ Legal Domestic Partner</u>
A.					
Residence Address: _____					
B.					
Residence Address: _____					
C.					
Residence Address: _____					
D.					
Residence Address: _____					
E.					
Residence Address: _____					

14. Do the above individuals and spouses/legal domestic partners personally indemnify Surety? Yes No

15. 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 on a separate sheet and attach.

16. 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 and attach.

17. List any subsidiaries and related entities of the contracting firm:

	Firm Name	Ownership Breakdown	Type of Business
A.			
B.			
C.			

18. Do the related entities indemnify the surety? Yes No

19. List Key Personnel:

	<u>Name</u>	<u>Position</u>	<u>How long in current position</u>	<u>Number of Years Experience</u>
A.				
B.				
C.				

20. What is the largest job you expect to do during the next year? _____

21. What is the largest uncompleted work program expected during the next year? _____

22. What is your expected annual volume next year? _____

23. What trades do you normally undertake with your own forces? _____

24. Do you lease equipment? Yes No 25. Terms of lease: _____

26. Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

27. On what basis are taxes paid? Cash Completed Job Accrual % of Completion

28. On what level of assurance are financial statements prepared? CPA Audit Review Compilation

29. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

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

31. Do you have a full time accountant on staff? Yes No 32. Yrs. experience: _____

33. Are job cost records kept? Yes No 34. How often reviewed? _____

35. Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

36. Amount of line of credit: _____ 37. Expiration Date: _____ 38. What is interest rate? _____

39. How is credit secured? _____ 40. UCC Filing? Yes No

41. List previous bonding companies and agencies. Missouri applicants DO NOT COMPLETE this question.

	<u>Dates</u>	<u>Name of Agency</u>	<u>Name of Surety Company</u>	<u>Reason for Leaving</u>
A.				
B.				
C.				

42. Continuity and Life Insurance. Explain the company's plan to complete existing projects and continue in business upon the death of the majority owner(s) of the company. Attach copies of any formal Agreements or Contracts that exist: _____

• List Life Insurance in place:

Owner/Officer's Name	Face Amount of Policy	Beneficiary

43. List your three largest contracts completed in the past 3 years.

Owner/General Contractor with Phone Number	Project Name	Date Completed	Contract Amount	Gross Profit	Design Professional with Phone Number

44. List uncompleted projects over \$100,000 presently on hand.. If necessary, use additional sheets. In lieu of this attach a current contracts in progress schedule. Attach a separate sheet explaining projects with losses, delays, or other issues.

Owner/General Contractor with Phone Number	Project Name	Contract Amount	Estimated Gross Profit	Percent Complete	Expected Completion Date	Bonded Y or N

45. List your five major suppliers:

Supplier Name	Contact Person	Telephone	Email Address
A. _____			
B. _____			
C. _____			
D. _____			
E. _____			

46. Complete the attached Bank Inquiry Form.

Completed by _____
 Signature Title Date

MERCHANTS BONDING COMPANY™

MERCHANTS BONDING COMPANY (MUTUAL) • MERCHANTS NATIONAL BONDING, INC.
P.O. Box 14498 • DES MOINES, IOWA 50306-3498 • (800) 678-8171 • (515) 243-3854 FAX

BANK INQUIRY FORM

Date _____

APPLICANT TO COMPLETE TOP PORTION

Name and Address of Bank: _____

COMPLETE EACH SECTION

Attention: _____

Name and Address of Business Accounts:

Name and Address of Personal Accounts:

THE UNDERSIGNED HEREBY AUTHORIZES THE FOLLOWING INFORMATION TO BE RELEASED TO MERCHANTS BONDING COMPANY (MUTUAL).

X _____ (Date)

(Signature) (Date)

BANK TO COMPLETE BOTTOM PORTION

The above-referenced Applicant has applied for bonds and has provided your bank as a reference. Please provide the following information:

THE CONFIDENTIALITY OF THIS INFORMATION WILL BE PRESERVED EXCEPT WHERE DISCLOSURE OF THIS INFORMATION IS REQUIRED BY APPLICABLE LAW.

DEPOSITORY ACCOUNTS

- 1) This customer has been with our bank since _____
- 2) Please complete:

ACCOUNT NAME	TYPE	AVG. BALANCE (PAST 6 MONTHS)	CURRENT BALANCE	ANY INSUFFICIENT FUNDS?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CREDIT ACCOUNTS

- 3) We have granted credit to the applicant since _____
- 4) Total amount of the line? _____
- 5) Current outstanding balance on the line? _____
- 6) Is this line secured? _____ Type of security? _____
- 7) Renewal date of the line of credit _____
- 8) Has the line of credit been handled as agreed? _____
- 9) Other loans extended: Current balance _____ Monthly payments _____
- 10) Are these loans secured? _____ Type of security? _____
- 11) Have these loans been handled as agreed? _____
- 12) What is your experience and opinion of this applicant's financial responsibility and business reputation?

Please return to:
Fax: 515-243-3854
Mail: P.O. Box 14498
Des Moines, IA 50306-3498

BANK OFFICER

Name _____

Phone _____

Signature **X** _____

Date _____