



Gene Lilly Surety Bonds
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CONTRACTOR QUESTIONNAIRE

1. GENERAL INFORMATION

 COMPLETE NAME OF ENTITY

 DATE

 ADDRESS

 PHONE

 CITY

 STATE

 ZIP CODE

 FAX

 CONTACT

 TITLE

2. COMPANY STRUCTURE

 CONTRACTING SPECIALTY

 YEARS STARTED IN BUSINESS

 AREA OF OPERATION

 FISCAL YEAR END

 TYPE OF ORGANIZATION

LIST CORPORATE OFFICERS

NAME	SSN	AGE	POSITION	% OWNED	NAME OF SPOUSE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NAME	SSN	AGE	POSITION	% OWNED	NAME OF SPOUSE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NAME	SSN	AGE	POSITION	% OWNED	NAME OF SPOUSE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

3. COMPANY BACKGROUND

Is there a current buy/sell agreement among the owners of the business? YES NO

Is this agreement funded by life insurance? YES NO

How many people does your firm employ? _____ How many work crews? _____

Is your firm union? YES NO

4. OWNER BACKGROUND

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

Is your firm or any of its owners or officers currently involved in any litigation? YES NO
 If yes, please provide an explanation in an attachment.

5. PREVIOUS BONDING INFORMATION

Name of Previous Bonding Company: _____

Reason for Leaving: _____

6. COMPANY INFORMATION

What percentage of your work is normally for: Government Agencies _____ %
Private Owners _____ %

What percentage of the firm's work is normally subcontracted: _____ %

Are bonds required of subcontractors? YES NO

What trades do you normally subcontract? _____

7. COMPANY ACCOUNTING INFORMATION

Name of your CPA firm: _____ Contact Person: _____
Phone Number: _____

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

Do you have an accountant on staff? YES NO

8. COMPANY BANKING INFORMATION

Name of your Bank: _____ Contact Person: _____
Address: _____ Phone Number: _____

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

9. LARGEST CONTRACTS

List three of your largest contracts

Job Name	Project Contact	Contract Price	Gross Profit
_____	_____	_____	_____
Owner			

Completion Date	Bonded (Y/N)		

Job Name	Project Contact	Contract Price	Gross Profit
_____	_____	_____	_____
Owner			

Completion Date	Bonded (Y/N)		

Job Name	Project Contact	Contract Price	Gross Profit
_____	_____	_____	_____
Owner			

Completion Date	Bonded (Y/N)		

10. SUPPLIER REFERENCE

List three of your major suppliers

Company

Contact Name

Phone Number

Company

Contact Name

Phone Number

Company

Contact Name

Phone Number

11. SUB-CONTRACTOR / CONTRACTOR REFERENCES

List three sub-contractors (or contractors if you are a subcontractor) that you do business with

Company

Contact Name

Job Name

Phone Number

Company

Contact Name

Job Name

Phone Number

Company

Contact Name

Job Name

Phone Number

12. ENGINEER or ARCHITECT REFERENCES

List three Engineers or Architects you have done business with

Firm

Contact Name

Job Name

Phone Number

Firm

Contact Name

Job Name

Phone Number

Firm

Contact Name

Job Name

Phone Number

Completed By

Title

Date

Please attach additional sheets if necessary