

CONTRACTOR QUESTIONNAIRE

Company Information

Complete Name of Entity		Tax ID
Company Address		
Phone	Fax	Website
Contact	Title	Email
Year Started in Business	Contracting Specialty	Area of Operation
Fiscal Year End	Number of Employees	Number of Work Crews
Type of Organization: <input type="checkbox"/> S-Corp <input type="checkbox"/> C-Corp <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietorship		
Percentage of company's work for: Government Owners: _____% Private Owners: _____%		
Trades You Subcontract		Are bonds required of subcontracts: <input type="checkbox"/> Yes <input type="checkbox"/> No

Ownership Information (Owning 10% or Greater)

Name/Position	Date of Birth	Percent Owned	Social Security Number	Home Address	Spouse Name	Social Security Number

Largest Completed Projects

Project Name	Contract Price	Year Completed	Owner Contact Name Contact Phone Number	Bonded (Y/N)

Financial Information

Primary Bank Name	Contact Person	Phone Number/Email	Line of Credit Amount	Expiration Date	Current Balance

CPA Firm	Contact Person	Phone Number/Email	Accountant on Staff (Y/N)

References

Supplier

Company	Contact Name	Phone Number

Engineer/Architect

Company	Contact Name	Phone Number	Job Name

Contractor/Sub-Contractor

Company	Contact Name	Phone Number	Job Name

Current Surety Company

Current Surety Agency

Reason for Leaving

Has your firm or any of its principals ever filed 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? If yes, please attach an explanation. Yes No

Signature

Date

Printed Name

Title