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CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____
 2. Address: _____ 3. Fiscal Yr. End _____

(city) (state) (zip)

4. Phone: _____ 5. Contracting Specialty: _____

6. Contract Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business: Corp. Part. Prop. Sub S. Corp

10. State of incorporation: _____ 11. Area of Operation: _____

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

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety? Yes No
 If no, explain: _____

14. Is there a buy/sell agreement amount the owners of the business? Yes No

15. Is this agreement funded by life insurance? Yes No

16. Corp. Indemnity? Yes No

17. Cross/Corp. Indemnity? Yes No

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. 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: _____

21. If your firm or any of its owners or officers currently involved in any litigation? Yes No
If yes, please explain: _____
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22. What percentage of firm's work is normally for: Government Agencies _____ % Private Owners _____ %
23. What percentage of the firm's work is normally subcontracted: _____ %
24. Are bonds required of subs? Yes No
25. What trades do you normally subcontract? _____
26. What is the largest amount of uncompleted work on hand at one time in the past?
Amount: \$ _____ Year: _____
27. What is the largest job you expect to do during the next year? \$ _____
28. What is the largest uncompleted work program expected during the next year? \$ _____
29. What is your expected annual volume next year? \$ _____
30. What trades do you normally undertake with your own forces? _____
31. SIC CODE: _____
32. Do you lease equipment? Yes No 33. Type of lease? _____
34. What are the terms of the lease? _____
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35. Name of your CPA: _____
Address: _____
Phone: _____ Contract Person: _____
36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion
37. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion
38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation
39. How often are financial statements prepared? Annually Semi-annually Quarterly Monthly
40. Do you have a full time accountant of staff? Yes No 41. Years experience _____
42. Are job cost records kept? Yes No
43. How often reviewed? _____ 44. How often updated? _____
45. Do they show job detail? Yes No 46. Frequency? _____
47. Name of your Bank: _____
Address: _____
Phone: _____ Contact Person: _____
48. Amount of line of credit: \$ _____ 49. Expiration date: _____ 50. What is interest rate? _____ %
51. UCC Filing? Yes No 52. How is credit secured? _____
53. If your firm union? Yes No 54. What is firm's Dun & Bradstreet Number? _____
55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____
- Remarks: _____

58. Previous Bonding Companies:

	<u>Name</u>	<u>Reason for Leaving</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

59. List five of your largest contracts:

	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
A.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
B.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
C.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
D.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
E.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		

60. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Contact</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

A.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	
B.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	
C.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	
D.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	
E.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	

62. List three Architects you have done business with:

A.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	
B.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	
C.	Name: _____	Address: _____	Telephone: _____
	Contact: _____	Job: _____	

63. List key personnel, foreman or supervisors:

	Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

	Name	Beneficiary	Amount	Cash Value
A.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
B.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
C.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			

65. List other insurance coverage currently in effect:

	BI	Limits in 000's		Carrier	Expiration Date
		PD			
A. General Liability	\$ _____	\$ _____	_____	_____	_____
B. Auto Liability	\$ _____	\$ _____	_____	_____	_____
C. Umbrella	\$ _____	\$ _____	_____	_____	_____
D. Owner's Protection	\$ _____	\$ _____	_____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

	Firm Name	Ownership	Type Business	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Remarks: _____

Completed by:

Title: