

*Surety Bond Specialists*



NATIONAL ASSOCIATION OF  
SURETY BOND PRODUCERS

14010 FNB Pkwy, Suite 300  
OMAHA, NE 68154  
PHONE: 402-861-7000  
FAX: 402-861-7111  
WATTS: (800)-344-5624

233 S. 13<sup>th</sup>, SUITE 1650  
LINCOLN, NE 68508  
PHONE: 402-435-7109  
FAX: 402-435-5624

Date: \_\_\_\_\_

**CONTRACTOR'S HISTORY QUESTIONNAIRE**

**I. ORGANIZATION:**

Full Legal Name of Firm \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_

**II. RESUME OF COMPANY:**

Type of Contractor:  Builder  Highway  Heavy Construction  Sub-Contractor (Explain Below)  
 Other, explain \_\_\_\_\_

Type of Business:  Corporation  Sub Chapter "S"  Partnership  Proprietorship

Year Founded: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

Affiliated Companies: \_\_\_\_\_

Type of Business: \_\_\_\_\_

List of Officers/Owners – List of Partners/Proprietor

First	Name M.I.	Last	Position	% of Owner- ship	Social Security #	Age	Amount of Co. Owned Life Ins.	First	Spouse	M.I.

**III. KEY PERSONNEL: ESTIMATORS, SUPERINTENDENTS, FOREMEN, ETC. (ATTACH RESUME IF AVAILABLE)**

Name	Position	Years with Company	Amount of Co. Owned Life Ins.	Educational Background and/or Experience

**IV. OPERATIONS:**

A. In what geographic area do you normally operate? \_\_\_\_\_

B. What percentage of your work is as a Prime? \_\_\_\_\_% As a Sub-Contractor? \_\_\_\_\_%

What percentage do you normally sub out? \_\_\_\_\_% Do you require bonds from Sub-Contractors?  Yes  No

At what dollar level? \_\_\_\_\_

C. Are you  Union  Non-Union When does your next major union contract expire? \_\_\_\_\_

D. List the five largest contracts completed by your company:

Contract Price	Description	Owner or G.C.	Name & Address of Architect/Engineer	Gross Profit	Year	Prime or Sub	Bonded Y or N

**V. CREDIT:**

Please list four of your Major Suppliers:

Firm's Name	Mailing Address	Individual to Contact/Credit Manager	Telephone Number

Please list four Major-Sub Contractors or Generals with whom you frequently work:

Firm's Name	Mailing Address	Individual to Contact/Credit Manager	Telephone Number

Are you presently:  Discounting Bills, \_\_\_\_\_%  Paying in 30 days, \_\_\_\_\_%

Paying 30-60 days, \_\_\_\_\_%  Paying over 60 days, \_\_\_\_\_%

Name of Surety Company currently providing your contract bonds: \_\_\_\_\_

**VI. ACCOUNTING / FINANCIAL:**

A. When is your fiscal year end? \_\_\_\_\_  
How often are financial statements prepared by your C.P.A.? \_\_\_\_\_  
by your office staff? \_\_\_\_\_

B. Method of accounting used for preparing statements:  
\_\_\_\_\_ % of Completion      \_\_\_\_\_ Accrual      \_\_\_\_\_ Completed Contract  
  
Is the statement:     Certified Audit       Review Option       Compilation

C. Method of accounting used for paying federal income tax:  
\_\_\_\_\_ % of Completion      \_\_\_\_\_ Completed Contract      \_\_\_\_\_ Cash

D. Name and Address of Accountant: \_\_\_\_\_

E. Year of last I.R.S. Audit \_\_\_\_\_  
Do you maintain separate job cost records?     Yes       No  
 Labor Only     Material Only     Labor/Material     Equipment

F. How often are job costs reviewed? \_\_\_\_\_ Posted? \_\_\_\_\_

G. Have any changes occurred since the last year end financial, i.e. large purchases of equipment, real estate or loans to officers, etc., that would significantly affect your balance sheet?     Yes       No

If yes, please explain: \_\_\_\_\_

H. Do you have any accounts receivable which are doubtful?     Yes       No    Amount \$ \_\_\_\_\_

I. Do you have any unapproved change orders or claims that appear on your balance sheet?     Yes       No  
Amount \$ \_\_\_\_\_

**VII. BANK RELATIONSHIPS:**

A. Name and mailing address of Bank \_\_\_\_\_ Telephone \_\_\_\_\_  
\_\_\_\_\_ Telephone \_\_\_\_\_

B. Name of loan officer handling your account: \_\_\_\_\_

C. What is the amount of your line of credit \$ \_\_\_\_\_

D. Nature of security:     Corporate Signature     Corporate Plus Personal Signature     Inventory  
 Accounts Receivable\*     Fixed Assets     Equipment  
\*If accounts receivable, has U.C.C. filing been made?     Yes     No

E. How much of your credit line is currently available? \$ \_\_\_\_\_

**VIII. BUSINESS CONTINUITY:**

A. Does your firm have a Buy/Sell Agreement?  Yes (Attach Copy)  No

B. How is the Buy/Sell Agreement funded? \_\_\_\_\_

C. In what amount is it funded \$ \_\_\_\_\_

D. Should the owner(s) die, what is the plan to finish uncompleted work?

\_\_\_\_\_

Do you have a formal agreement to this effect?  Yes (attach copy)  No

E. Is your company or its principals acting as Guarantor, Indemnitor or Surety for others?  Yes  No

Co-Signer for bank notes?  Yes  No

Please explain:

\_\_\_\_\_

**IX. MISCELLANEOUS:**

Have any officers/owners ever or this company ever: (if checked, please explain)

1. Petition for bankruptcy?  Yes  No When? \_\_\_\_\_

2. Caused a surety company to pay a loss?  Yes  No Explain \_\_\_\_\_

3. Defaulted on a contract?  Yes  No Explain \_\_\_\_\_

4. Presently involved in a lawsuit or arbitration?  Yes  No

Explain:

\_\_\_\_\_

**X. CAPACITY:**

1. What size and type projects do you feel your company is best qualified to handle?

a) Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

b) Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

c) Type \_\_\_\_\_ Amount \$ \_\_\_\_\_

2. What total dollar program do you feel your current organization is qualified to undertake? (Dollar amount and number or projects):

\_\_\_\_\_

3. Anticipated annual volume: Current Year \_\_\_\_\_ 3 Years From Now \_\_\_\_\_

**XI. PLEASE ATTACH:**

1. The last three (3) fiscal year-end statements.
2. Completed "Status of Contracts" form for the last day of the month most recently ending or most recently available.
3. Personal financial statements of owners, partners, or proprietor concurrent with last fiscal year-end statement.
4. A current Certificate of Insurance.
5. A letter from your banker indicating borrowing line of credit and nature of security.

Prepared by: \_\_\_\_\_ Title \_\_\_\_\_