



**CONTRACTOR'S QUALIFICATION QUESTIONNAIRE**

**Name:** \_\_\_\_\_ **FEIN:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
 \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**ORGANIZATION AND BACKGROUND**

Date business formed \_\_\_\_\_ Date Incorporated \_\_\_\_\_

If SUCCESSOR to prior business, Name of Predecessor  
 \_\_\_\_\_

Have there been any recent changes in control of your company? \_\_\_\_\_ Yes \_\_\_\_\_ No

If so, please describe  
 \_\_\_\_\_  
 \_\_\_\_\_

**Principal Officers of the Company**

| Name | Position | %<br>Ownership | AGE | Date of<br>Employ | SS# | Name of Spouse<br>And SS# |
|------|----------|----------------|-----|-------------------|-----|---------------------------|
|      |          |                |     |                   |     |                           |
|      |          |                |     |                   |     |                           |
|      |          |                |     |                   |     |                           |
|      |          |                |     |                   |     |                           |
|      |          |                |     |                   |     |                           |

**Please asterisk officers who are authorized to execute documents for the Company under the Corporate Seal. Have provisions been made for continuation of their duties in the even of their death or disability?**  
 \_\_\_\_\_ . Attach details

**List of Affiliated, Subsidiary or Related Companies in which this Firm or its Stockholders have any interest**

| Name and Address | Stock Ownership | Scope of Operations | Endorsement by Principal or Stockholders |
|------------------|-----------------|---------------------|--|
|                  |                 |                     |  |
|                  |                 |                     |  |
|                  |                 |                     |  |

**SCOPE OF OPERATION**

**Key Operating Personnel, General Manager, Superintendents, Engineers, etc.**

| Name | Position | Age | Experience |
|------|----------|-----|------------|
|      |          |     |            |
|      |          |     |            |
|      |          |     |            |
|      |          |     |            |

- A. Type of work usually performed:  
 Public Buildings \_\_\_\_\_ Excavation \_\_\_\_\_ Plumbing \_\_\_\_\_ Commercial \_\_\_\_\_  
 Water System \_\_\_\_\_ Heating & Air \_\_\_\_\_ Highways \_\_\_\_\_ Sewers \_\_\_\_\_  
 Bridges \_\_\_\_\_ Electrical \_\_\_\_\_ Other \_\_\_\_\_
- B. Geographical Areas of Operation: \_\_\_\_\_
- C. Percentage of work usually done as a: 1. Prime \_\_\_\_\_% 2. Sub \_\_\_\_\_%
- D. How much of an average job is Sublet? \_\_\_\_\_%. Type of work sublet? \_\_\_\_\_
- E. Are bonds required from suppliers or subcontractors? \_\_\_\_ Yes \_\_\_\_ No If yes, over what amount  
 \$ \_\_\_\_\_
- F. Has Supplier or Subcontractor ever failed to complete a contract? \_\_\_\_ Yes \_\_\_\_ No If so, describe  
 \_\_\_\_\_  
 \_\_\_\_\_
- G. Has your company ever experienced a bankruptcy? \_\_\_\_ Yes \_\_\_\_ No  
 Been in receivership? \_\_\_\_ Yes \_\_\_\_ No If so, please explain  
 \_\_\_\_\_  
 \_\_\_\_\_
- H. Are any liens for labor and/or material filed against your company on any contracts which have been done  
 or are being done by your company? \_\_\_\_ Yes \_\_\_\_ No If yes, explain  
 \_\_\_\_\_  
 \_\_\_\_\_

What size contracts do you feel the company is qualified to do:

1.) Single job \$ \_\_\_\_\_

2.) Aggregate during any one year \$ \_\_\_\_\_

3.) Work on hand at any one time \$ \_\_\_\_\_

What is the anticipated expenditure in respect to the purchase of equipment within the next 12 months?

Total Cost \$ \_\_\_\_\_ Down payment and amount payable within 12months \$ \_\_\_\_\_

**INSURANCE**

| Type                 | Limits | Issuing Company | Expiration Date | Agency |
|----------------------|--------|-----------------|-----------------|--------|
| Fidelity             |        |                 |                 |        |
| Liability            |        |                 |                 |        |
| Workers Compensation |        |                 |                 |        |
| Fire                 |        |                 |                 |        |
| Equipment Floater    |        |                 |                 |        |

**Attach a current Certificate of Insurance.**

List the six most important contracts completed in the last five years

| Owners Name | Address & Phone # | Contract Amount | Completion Time |
|-------------|-------------------|-----------------|-----------------|
| 1.          |                   |                 |                 |
| 2.          |                   |                 |                 |
| 3.          |                   |                 |                 |
| 4.          |                   |                 |                 |
| 5.          |                   |                 |                 |
| 6.          |                   |                 |                 |

Largest work-on-hand position of company, at any one time was \$ \_\_\_\_\_

During \_\_\_\_\_ and consisted of \_\_\_\_\_ contracts.

**Give names of five principal suppliers.**

| Name | Address | Phone | Fax |
|------|---------|-------|-----|
| 1    |         |       |     |

|   |  |  |  |
|---|--|--|--|
|   |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| 4 |  |  |  |
| 5 |  |  |  |

**Surety Information**

Present Surety \_\_\_\_\_ Present Rate \_\_\_\_\_

Address \_\_\_\_\_

How long with present surety? \_\_\_\_\_

Largest single contract previously bonded \_\_\_\_\_

Why change of Surety  
\_\_\_\_\_

Covenants provided to present surety

1. Personal indemnities: \_\_\_ Yes \_\_\_ No \_\_\_

2. Additional Corporate indemnitors? \_\_\_ Yes \_\_\_ No

If yes, list additional indemnitors \_\_\_\_\_  
\_\_\_\_\_

3. Is collateral provided: \_\_\_ Yes \_\_\_ No

If yes, explain \_\_\_\_\_  
\_\_\_\_\_

**FINANCIAL INFORMATION**

**Banking**

Name of Bank \_\_\_\_\_

Address: \_\_\_\_\_

Manager \_\_\_\_\_

With bank since \_\_\_\_\_

Previous bank \_\_\_\_\_

Address \_\_\_\_\_

Term with previous bank \_\_\_\_\_

Are any assets in Trust(s)? \_\_\_ Yes \_\_\_ No

**Line of Credit**

Amount \_\_\_\_\_

Amount in Use \_\_\_\_\_

Secured by:

- A. Accounts receivable      \_\_\_\_\_ Yes    \_\_\_\_\_ No
- B. Collateral                    \_\_\_\_\_ Yes    \_\_\_\_\_ No
- C. Personal covenants        \_\_\_\_\_ Yes    \_\_\_\_\_ No
- D. Additional corp. Covenants \_\_\_\_\_ Yes    \_\_\_\_\_ No

**Accounting**

Name of Accounting Firm \_\_\_\_\_

Address \_\_\_\_\_

How long has this firm acted as your auditor? \_\_\_\_\_ years.

Date last Financial Statement was prepared \_\_\_\_\_, \_\_\_\_\_.

Is statement prepared on an (A) audited or (B) unaudited basis? \_\_\_\_\_

Completed Job? \_\_\_\_\_ % of Completion    \_\_\_\_\_ Accrual? \_\_\_\_\_ Other \_\_\_\_\_

Have (or are) any of your accounts receivables or retentions been assigned, pledged, hypothecated, sold or discounted? \_\_\_\_\_ Yes    \_\_\_\_\_ No

If so, describe

\_\_\_\_\_  
\_\_\_\_\_

The undersigned hereby represents that the herein statements are true and authorizes any bank or other reference to verify the correctness of items in the above statement to the Surety. Surety is authorized to investigate, at any time, the Undersigned's credit, employment history, and department of motor vehicle records.

\_\_\_\_\_  
Name of Company \_\_\_\_\_

Dated this \_\_\_\_\_ of \_\_\_\_\_, 200 \_\_\_\_\_

\_\_\_\_\_  
If Corporation Sign and Seal Here

\_\_\_\_\_  
Witness Signature of Applicant if not a Corporation

\_\_\_\_\_  
Signature of Applicant if not a Corporation



## BLANKET AUTHORIZATION FORM

Authority is hereby granted to any Individual, Firm or Corporation and any financial institution to furnish Financial Surety Underwriters, LLC, upon its request, with any information concerning or pertaining to the undersigned's financial standing, credit or manner of meeting obligations.

A copy of this agreement shall be considered the same as the original.

This authorization is to remain in force until rescinded by the applicant in writing.

To become a part of and attached to the application for:

\_\_\_\_\_  
(Name of Applicant)

Signed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

By \_\_\_\_\_

\_\_\_\_\_  
(Name, typed or printed)

\_\_\_\_\_  
(Title)