



Atlantic Risk Management Corporation
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Prod	_____
Cont	_____
Acct	_____
Bnkr	_____

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ Fiscal 3. Yr. End _____

 _____ (city) _____ (state) _____ (zip)

4. Phone: (____) _____ 5. Contracting Specialty: _____

6. Contact 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 among 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. Is your firm or any of its owners or officers currently involved in any litigation? Yes No. If yes, explain _____

22. What percentage of the 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 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? _____

35. Name of your CPA: _____

Address: _____

Phone: _____ Contact 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 on staff? Yes No 41. Yrs. 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. Is 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:

Name Reason for Leaving

A. _____

B. _____

C. _____

59. List five of your largest contracts:

Job Name Contract Price Gross Profit Completion Date Bonded?

A. _____ \$ _____ Yes No

Owner: _____ Design Professional: _____

B. _____ \$ _____ Yes No

Owner: _____ Design Professional: _____

C. _____ \$ _____ Yes No

Owner: _____ Design Professional: _____

D. _____ \$ _____ Yes No

Owner: _____ Design Professional: _____

E. _____ \$ _____ Yes No

Owner: _____ Design Professional: _____

60. List five of your major suppliers:

	Name	Address	Telephone	Contact
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: _____

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, foremen or supervisors:

Name	Position	Yr. of Birth	Yrs. Exper.	Name of Spouse
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:

	Limits in '000's		Carrier	Expiration Date
	BI	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: _____

Date: _____