



Early, Cassidy & Schilling, Inc.

Insurance - Surety Bonds
Employee Benefits - Estate Planning



Prod	_____
Cont	_____
Acct	_____
Bnkr	_____

CONTRACT QUESTIONNAIRE

1 Name of Firm: _____

2 Address: _____ 3 Fiscal 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 individual 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
17. Cross/Corp Indemnity? <input type="checkbox"/> Yes <input type="checkbox"/> 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: _____

Is your firm or any of its owners or officers currently involved in any litigation?

Yes No If yes, explain: _____

21. What percentage of the firm's work is normally for:
Government Agencies _____% Private Owners _____%

22 What percentage of the firm's work is normally subcontracted: _____%

23 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 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: _____ What is interest rate? _____ %

51. UCC Filing? Yes No 52. How is credit secured? _____

53. Is your firm union? Yes No 54. What is your 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. _____ \$ _____ 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: _____
 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, foremen 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:

		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: _____

ATTACHMENTS – *please include with application*

- A. The company's last three year end financial statements
- B. Financial Statement on any related entity
- C. Personal financial statement of the owners
- D. Job schedule including completed and uncompleted contracts for current period as well as most recent year-end period.
- E. Copy of the current bank Line of Credit