



CONTRACTOR'S QUESTIONNAIRE

3900 Kinross Lakes Pkwy #300 | Richfield, OH 44286
 440.333.9000 | 800.860.0090 | 440-356-2126 fax

NAME _____
 ADDRESS _____
 PHONE _____
 FEDERAL TAX I.D. _____

Sub Chapter S
 Corporation
 Corporation
 Partnership
 Limited Partnership
 Proprietorship
 Limited Liability Co.

I. ORGANIZATION AND BACKGROUND

A. Date of Business Formed _____ B. Date Incorporated _____
 C. If SUCCESSOR to Prior Business, Name of Predecessor _____
 D. List of Officers/Owners

NAME	*TITLE AND RESPONSIBILITY	% OF OWNERSHIP	AGE	SPOUSES NAME
SS#				SS#
SS#				SS#
SS#				SS#
SS#				SS#

** Please be sure to list President, Vice President and Corporate Secretary*

Is full **indemnity of owners and spouses available? Yes _____ No _____

If no, please explain: _____

E. Key Employees

NAME	POSITION AND RESPONSIBILITY	AGE	YEARS' EXPERIENCE

H. Has contractor or any of the owners ever:

1. defaulted on a contract? _____ If yes, give details: _____

2. caused a Surety to pay a loss? _____ If yes, give details: _____

3. filed Bankruptcy? _____ If yes, give details: _____

I. List of largest jobs completed (use reverse side if additional space is needed)

CONTRACT PRICE	GROSS PROFIT	YEAR	CONTACT NAME & PHONE # OF ARCHITECT / ENGINEER	NAME OF OWNER OR G.C.	DESCRIPTION OF JOB
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J. In regards to contractor's equipment:

1. is equipment adequate for work program desired? _____

2. if not, what expenditures are anticipated? _____

3. is equipment owned? _____ or leased? _____

III. CREDIT INFORMATION

A. CREDITORS / SUPPLIER(S): List of suppliers from whom Contractor buys most materials

NAME & CONTACT PERSON (INCLUDING PHONE & FAX NUMBERS)	STREET ADDRESS	CITY, STATE & ZIP
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B. Are bills paid in a discount/prompt manner? _____
 If not, why? _____

C. Bank

NAME & ADDRESS	BANK OFFICER	LINE OF CREDIT ESTABLISHED	NATURE OF SECURITY AND/OR NAME OF ENDORSER
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D. Life Insurance

AMOUNT	INSURED	BENEFICIARY	INSURER	CASH SURRENDER VALUE
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IV. FINANCIAL DATA

A. What is fiscal year-end? _____

B. If statements are not audits, will one be considered? _____

C. What method of accounting is used in preparing statements?

Completed Contract

% of Completion

Simple Accrual

D. On what basis of accounting are taxes paid?

Completed Contract

% of Completion

Simple Accrual

Cash

E. Name and address of CPA _____

F. In what year was contractor last checked by I.R.S.? _____

G. Is a buy-sell agreement in effect? _____ If yes, is it funded by life insurance? _____

If so, please attach a copy _____

H. Have operations been profitable since statement date? _____

I. Have any changes occurred since statement date such as acquisition of additional equipment, purchase of fixed assets, loans to officers, investments, withdrawals, or dividends that would **significantly** affect the company's financial condition?

J. Are any new ventures or investment contemplated? _____

V. NEEDS

A. Desired annual volume _____

B. Desired maximum uncompleted work-on-hand at any one time _____

C. Desired maximum size of single job _____

The above answers are true to the best of my knowledge and belief.

The information in this Contractor Surety Survey is given with the understanding that it will be used for underwriting purposes. We give the Company authority to verify any and all of this information.

Witness _____ Signed by _____
Contractor Title

Date _____

***Indemnitors hereby expressly authorize Company to access credit records and to make such pertinent inquiries as may be necessary from third party sources for underwriting purposes, claim purposes and/or debt collection. To the extent required by law, Company will, upon request, provide notice whether or not a consumer report has been requested by Company, and if so, the name and address of the consumer reporting agency furnishing the report.*