

ALLEGIANCE SURETY

A DIVISION OF INSURANCE ASSOCIATES

A Marsh & McLennan Agency LLC Company

7901 Sandy Spring Road, Suite 102
Laurel, MD 20707-3589



Prod	_____
Cont	_____
Acct	_____
Bnkr	_____

Phone (301)369-9155 or (410)972-2226 Fax (301)369-9453

CONTRACTOR QUESTIONNAIRE

1. Name of Firm:					
2. Address:				3. Fiscal Year End:	
City:		State:		Zip:	
4. Phone:		5. Contractor Specialty:			
6. Contact Person:				7. Title:	
8. Year Business Started:		9. Type of Business: <input type="checkbox"/> Corp. <input type="checkbox"/> Part. <input type="checkbox"/> Prop. <input type="checkbox"/> Sub. S. Corp.			
10. State of Incorporation:			11. Area of Operation:		
List the corporate officers, partners or proprietors of your firm:					
	<u>Name</u>	<u>Year 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:					
14. Is there a buy/sell agreement among the owners of the business? <input type="checkbox"/> Yes <input type="checkbox"/> No					
15. Is this agreement funded by life insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			16. Corp. Idemnity? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:					
21. Is your firm or any of its owners or officers currently involved in any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please 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 nominally subcontracted: %					
24. Are bonds required of subs? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Cash <input type="checkbox"/> Completed <input type="checkbox"/> Job Accrual <input type="checkbox"/> % of Completion		
37. On what basis are financial statements prepared? <input type="checkbox"/> Cash <input type="checkbox"/> Completed <input type="checkbox"/> Job Accrual <input type="checkbox"/> % of Completion		
38. On what level of assurance are financial statements prepared? <input type="checkbox"/> CPA Audit <input type="checkbox"/> Review <input type="checkbox"/> Compilation		
39. How often are financial statements prepared? <input type="checkbox"/> Annually <input type="checkbox"/> Semi-annually <input type="checkbox"/> Quarterly <input type="checkbox"/> Monthly		
40. Do you have a full time accountant on staff? <input type="checkbox"/> Yes <input type="checkbox"/> No		41. Years experience:
42. Are job cost records kept? <input type="checkbox"/> Yes <input type="checkbox"/> No		
43. How often reviewed?		44. How often updated?
45. Do they show job detail? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	52. How is credit secured?	
53. Is your firm union? <input type="checkbox"/> Yes <input type="checkbox"/> 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:		
	<u>Name</u>	<u>Reason for Leaving</u>
A.		
B.		
C.		

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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.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner:	Design Professional:			
C.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner:	Design Professional:			
D.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner:	Design Professional:			
E.			\$		<input type="checkbox"/> Yes <input type="checkbox"/> 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):

	BI	PD	Carrier	Expiration Date
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:
Signature:

NASBP Contractor Questionnaire, 2/87 Edition

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