

CONTRACTOR'S QUESTIONNAIRE

Contractor's full business name as licensed: _____

Business Address _____ Street _____ City _____ State _____ Zip _____ Bus. Phone: () _____

The firm is a: Corporation (Circle here if Subchapter S) Partnership Sole Proprietorship

A. Type of Construction _____ Year this business started: _____

B: What percentage of your work is performed as a general contractor _____ % as a subcontractor _____ %
 What percentage of your work do you typically sub to others _____ % Do you bond your major subcontractors? _____

C List construction license types held by firm with license number and state _____

D Largest work on hand of company at any one time was \$ _____ during 20 _____ and consisted of _____ contracts

		Yes	NO
E Is the company a subsidiary, parent, or holding company of any other company?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F Has there been any change in the control of the company or related entity in the past three years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
G Has the company ever failed to complete a contract?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H Has the company, any stockholder, owner, partner, subsidiary, parent, holding company or affiliate ever filed for bankruptcy or been in receivership?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
I Are there any liens filed against the company's or related entity's projects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
J Is the company, any stockholder, owner, partner or related entity an indemnitor or guarantor to any creditor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
K Have any or all of the company's accounts receivable or retentions been assigned, pledged, hypothecated, sold or discounted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
L Are there any guarantees or contingent liabilities outstanding other than as noted in the latest financial statement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
M Are you involved in any litigation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
N Do you have a continuity plan? (Attach copy of any written agreement.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
O Are any assets of the company or any indemnitor held in trust? (Attach copy of Trust Agreement.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Explain all "YES" answers below : use additional pages if necessary

PRINCIPALS OF THE COMPANY ARE:

NAME	POSITION OR TITLE WITH THIS FIRM	% OF OWNERSHIP IN THIS FIRM
RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP _____	SPOUSE'S NAME _____	HOME PHONE () _____
DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____	HOW LONG IN THIS INDUSTRY _____	HOW LONG WITH THIS FIRM _____ YEAR BORN _____
PERSONAL BANKING: Name _____ Address _____		Account Numbers _____
NAME _____	POSITION OR TITLE WITH THIS FIRM _____	% OF OWNERSHIP IN THIS FIRM _____
RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP _____	SPOUSE'S NAME _____	HOME PHONE () _____
DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____	HOW LONG IN THIS INDUSTRY _____	HOW LONG WITH THIS FIRM _____ YEAR BORN _____
PERSONAL BANKING: Name _____ Address _____		Account Numbers _____
NAME _____	POSITION OR TITLE WITH THIS FIRM _____	% OF OWNERSHIP IN THIS FIRM _____
RESIDENCE ADDRESS _____ CITY _____ STATE _____ ZIP _____	SPOUSE'S NAME _____	HOME PHONE () _____
DRIVER'S LICENSE NO. _____ SOCIAL SECURITY NO. _____	HOW LONG IN THIS INDUSTRY _____	HOW LONG WITH THIS FIRM _____ YEAR BORN _____
PERSONAL BANKING: Name _____ Address _____		Account Numbers _____

REFERENCES

List the four largest contracts completed in the last five years:

A. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

B. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

C. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

D. Owner/General Contractor _____ Phone () _____
Address _____ Contact Person _____
Contract Price \$ _____ Gross Profit (Loss) \$ _____ Year Completed _____
Job Description/Location _____ Bonded? _____

List three architects or engineers who are familiar with your work:

A. Individual's Name _____ Phone () _____
Firm Name _____
Address _____

B. Individual's Name _____ Phone () _____
Firm Name _____
Address _____

C. Individual's Name _____ Phone () _____
Firm Name _____
Address _____

List five principal material suppliers:

A. Firm Name _____ Phone () _____
Address _____ Contact Person _____

B. Firm Name _____ Phone () _____
Address _____ Contact Person _____

C. Firm Name _____ Phone () _____
Address _____ Contact Person _____

D. Firm Name _____ Phone () _____
Address _____ Contact Person _____

E. Firm Name _____ Phone () _____
Address _____ Contact Person _____

BUSINESS BANKING

Name of Bank _____ Address _____
 Whom to Contact at Bank _____ Phone () _____ Years with Bank _____
 Account Numbers _____
 Do you have a line of credit? If so, how much \$ _____ How Secured? _____ How much in use \$ _____
 (Attach copies of Business/Personal Bank Statements that will verify cash balances.)

ACCOUNTING

Name of accounting firm _____ Phone () _____
 Address _____ Years with this firm _____
 Whom to contact _____
 Fiscal year end is _____. How often are financial statements prepared? _____
 Does this accounting firm also prepare the business tax returns? _____ Date of last IRS audit _____
 Results _____

BONDING/INSURANCE

Who is your most recent bonding company? _____
 Location _____ Underwriter _____ Phone () _____
 Years with this bonding company _____ Largest single contract bonded \$ _____
 Reason for changing surety? _____
 Have you provided collateral to the bonding company? _____ If yes, describe _____
 Bond Credit desired: Single Contract \$ _____ Total Work Program at any one time \$ _____
 Who is your agent for insurance? _____
 Does your company carry insurance on:

NOTE: It may be necessary to verify that specific insurance is in full force & effect prior to bond insurance.

	YES	NO	LIMITS
• Liability with completed operation	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Workers compensation	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Property owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____
• Equipment owned/leased	<input type="checkbox"/>	<input type="checkbox"/>	_____

Business Life or Key man insurance:		
INSURED	BENEFICIARY	AMOUNT
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____

Each of the undersigned affirms that the foregoing statements and answers are true and are made to induce Financial Pacific Insurance Company (hereinafter called Surety) to execute or procure the execution of Surety bonds, and any extension, modification, or renewal thereof, addition thereto, or substitution therefor. Each of the undersigned further affirms that he understands that suretyship is credit, and authorizes Surety, or its authorized agent to gather information it considers necessary for evaluating whether or not credit should be granted.

DATE: _____ contractor company name
 BY: _____ TITLE: _____

SUBMITTED THROUGH: _____
 broker/agency _____ address _____
 contact person _____ phone _____

FINANCIAL PACIFIC INSURANCE COMPANY

P.O. Box 292220, Sacramento, CA 95829
916-630-3841 800-371-8067 FAX 916-630-3765

BLANKET CREDIT AUTHORIZATION FORM

NAME OF BUSINESS _____ TAX ID # _____

ADDRESS _____

PRINCIPAL _____ SS # _____

HOME ADDRESS _____

PRINCIPAL _____ SS # _____

HOME ADDRESS _____

Authority is hereby given to any individual, firm or corporation, or financial institution to provide Financial Pacific Insurance Company, upon request, with any credit or banking information. I/We further understand that the bond applied for is a credit relationship and hereby authorize Surety or its authorized agents to gather such credit information on the above named company or individuals it considers necessary and appropriate for purposes of evaluating whether such credit should be granted or continued.

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.

PRINCIPAL'S SIGNATURE

DATE SIGNED

PRINCIPAL'S SIGNATURE

DATE SIGNED

INSTRUCTIONS - BANK REFERENCE LETTER

Please have your bank(s) provide the following information in a letter format ***on their bank letterhead.*** Must be original in signature.

Letter should contain the following:

Account number(s)

Length of time doing business

Average account balances

Loan information:

- a) Amount of Loan,
- b) Status,
- c) Type of security (i.e. A/R Signature, none, etc.)

Line of Credit Information:

- a) Amount of line
- b) Amount in use
- c) Type of security (i.e. A/R Signature, none, etc.)

RESUME

NAME: _____ HOME PHONE () _____
HOME ADDRESS _____
(Street, City, State, Zip Code)

PERSONAL DATA:

Date of Birth: ____ / ____ / ____ Social Security #: ____ - ____ - ____ Driver's License #: _____
Marital Status: _____ Spouse's Name: _____

EDUCATION:

Did you graduate high school? Yes No
College: 20 ____ to 20 ____ Name of School: _____
Courses studied: _____
Special education relating to current business activity or employment:

BUSINESS & PROFESSIONAL EXPERIENCE:

 (Indicate: Firm Name, Length of Time Employed, Occupation/Position. Reason for Leaving and, if construction related, largest project you were involved in.)

NO. OF YEARS WITH CURRENT EMPLOYER: _____ NO. OF YEARS IN THIS INDUSTRY: _____

Employment History: (Beginning with current job.)

From: ____ / ____ To: ____ / ____ Company: _____
Position: _____ Responsibilities: _____

From: ____ / ____ To: ____ / ____ Company: _____
Position: _____ Responsibilities: _____

From: ____ / ____ To: ____ / ____ Company: _____
Position: _____ Responsibilities: _____

From: ____ / ____ To: ____ / ____ Company: _____
Position: _____ Responsibilities: _____

PROFESSIONAL REFERENCES:

 (Name, address, phone number, length of time acquainted)

PERSONAL FINANCIAL STATEMENT AS OF _____, 20____

NAME OF INDIVIDUAL:	SOCIAL SECURITY NUMBER	DATE OF BIRTH
NAME OF SPOUSE:	SOCIAL SECURITY NUMBER	DATE OF BIRTH
RESIDENCE ADDRESS (STREET, CITY, STATE, ZIP CODE)		HOME PHONE NUMBER ()

ASSETS	ACCOUNT	LIABILITIES	ACCOUNT BALANCE
BALANCE			
CASH IN BANKS <small>(complete schedule)</small>	\$	LOANS PAYABLE - BANKS <small>(complete schedule)</small>	\$
NOTES RECEIVABLE <small>(complete schedule)</small>	\$	NOTES PAYABLE <small>(complete schedule)</small>	\$
ACCOUNTS RECEIVABLE <small>(complete schedule)</small>	\$	ACCOUNTS PAYABLE <small>(complete schedule)</small>	\$
STOCKS/BONDS/SECURITIES <small>(complete schedule)</small>	\$	TAXES PAYABLE	\$
REAL ESTATE - RESIDENCE <small>(complete schedule)</small>	\$	MORTGAGES PAYABLE <small>(see schedule)</small>	\$
REAL ESTATE - INVESTMENT/ OTHER	\$	OTHER LIABILITIES <small>(complete schedule)</small>	\$
CASH VALUE LIFE INSURANCE <small>(complete schedule)</small>	\$		
PERSONAL PROPERTY	\$	TOTAL LIABILITIES:	\$
OTHER ASSETS <small>(complete schedule)</small>	\$	NET WORTH:	\$
TOTAL ASSETS:	\$	TOTAL NET WORTH & LIABILITIES	\$
INCOME:	SALARY: \$	SPOUSES SALARY: \$	TOTAL INCOME:
	BONUS/OTHER: \$	BONUS/OTHER: \$	\$

SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "NONE" where appropriate.)

CASH IN BANKS				
Bank Name, Number & Location	Account Number	Amount		
		\$		
		\$		
		\$		
NOTES & ACCOUNTS RECEIVABLE				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			
STOCKS / BONDS / SECURITIES				
Name & Number(s) of Instrument	No of Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

REAL ESTATE (Residence/Investment/Other)							
Location & Description	Year Acquired	Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Morgatee or Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

CASH VALUE OF LIFE INSURANCE				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Loans Outstanding
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

OTHER ASSETS				
Description	Title Holder	Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

LOANS PAYABLE				
Name of Lender	Address	Balance Due	Due in 1 Year	How Is it Secured
		\$	\$	
		\$	\$	
		\$	\$	

ACCOUNTS & NOTES PAYABLE (Including Charge Accounts)					
Payable To Whom	Address	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

OTHER LIABILITIES					
Description	Payable To Whom	Amount	Monthly Payment	Due Date	Security
		\$	\$		
		\$	\$		
		\$	\$		
		\$	\$		

Are you contingently liable or an endorser on any bonds or other obligations? YES NO ****Explain all YES**

Are you involved in any litigation? YES NO **answers on separate**

Have you filed for Bankruptcy in the last 7 years? YES NO **sheet of paper****

I/We hereby certify and declare that the above statement presents accurately my financial condition to the best of my knowledge and belief and I/We hereby authorized and request any person, firm or corporation to furnish any information requested by FINANCIAL PACIFIC INSURANCE COMPANY concerning any transaction with the undersigned; and FINANCIAL PACIFIC INSURANCE COMPANY is authorized to obtain information to confirm this financial statement and may furnish copies of the foregoing statement and any information which it now has or may hereafter obtain to other companies for the sole purpose of securing suretyship, co-suretyhip and/or reinsurance.

By: _____ Date: _____ By: _____ Date: _____

BUSINESS PLAN REQUIREMENTS

Surety companies today now require a “Business Plan” on each new applicant for Surety Bond Credit. The plan can range from a sophisticated set of projections to a simple narrative from the contractor. We suggest a letter on your letterhead commenting on these areas:

- 1) **Brief overview of your company’s history:**
 - a) When, how, and why was the company formed?
 - b) What were your original goals - have they been met?
 - c) What kind of work do you do exactly - what work do you customarily do yourselves - what trades do you customarily subcontract out?
 - d) What percentage of your work do you do as a general contractor - what percentage as a subcontractor?
 - e) What percentage of your work is public work - what percentage is private work?

- 2) **Brief summary of the company’s growth to date:**
 - a) How do you plan to maintain your growth?
 - b) What volume do you anticipate over the next 12 months - 3 years - 5 years? (Be conservative and realistic).
 - c) What was the dollar amount of the largest single project ever complete - when was it completed?
 - d) What was the dollar amount of the largest work on hand (to complete) in the last 3 years - when - how many projects were you working on?

- 3) **Outline your organization’s manpower/structure:**
 - a) Who are your key employees?
 - b) What are their responsibilities?
 - c) How long have they been with your organization - been in the industry?
 - d) What are their strengths?

- 4) **What continuity provisions do you have in place for the company:**
 - a) Who will complete current projects should something happen to the owners and/or other key employees?
 - b) Are there any benefits for them to do so?
 - c) Is there any key-may life insurance in force?

- 5) Explain any prior year end losses and what you plan to do to prevent them from happening again. Explain any litigation the company has been involved in in the last 5 years.

If you have financial projections or other information you feel would enhance your case, you may include that information as well.

BID BOND REQUEST

Date: _____

Principal: _____

Obligee: _____

Address: _____

Bid Date: _____ Time: _____

Job Description: _____

Location: City: _____ State: _____

Estimated Contract Amount: \$ _____

Subcontracted: _____ % To Be Bonded Back: _____

Percentage of Bid Bond: _____ Bond Amount: _____

Time to Complete: _____

Start Date: _____

Completion Date: _____

Bond Form to be Used: _____
(If there is a special bond form, please attach)

Authorized By: _____ Diary for Status: _____

Length of Warranty: _____ Liquidated Damages: _____

Work on Hand: _____ Total Contract Amount: \$ _____

Estimated Remaining Cost to Complete: \$ _____

Delivery Instructions: _____

FINAL BOND REQUEST

Date: _____

Principal: _____

Obligee: _____

Address: _____

Job Description: _____

Copy of Contract (Not Notification of Award)

Papers Attached: _____

Location: City: _____ State: _____

Contract Amount: \$ _____ Rate: _____ Premium: _____

Agent: _____ Commission: _____

Subcontract: _____ % To Be Bonded Back: _____

Bid Spread: 1st: _____ 2nd: _____

3rd: _____ 4th: _____

How Verified: _____

Date of Contract: _____ Has Work Started: Yes _____ No _____

% Complete: _____

Performance Bond: _____ Labor & Material: _____

Time to Complete: _____ Bond Form: _____

Start Date: _____ Completion Date: _____

Authorized By: _____ Diary for Status: _____

Length of Warranty: _____ Liquidated Damages: _____

Work on Hand: _____ Total Contract Amount: \$ _____

Estimated Remaining Cost to Complete: \$ _____

Delivery Instructions: _____