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**CONTRACTOR  
QUESTIONNAIRE**

nasbp.org/toolkit

**I. BUSINESS INFORMATION**

Business name: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Firm address: \_\_\_\_\_

City, State and Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web site: \_\_\_\_\_

State of incorporation: \_\_\_\_\_ Year started: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Is your firm union?  Yes  No  Both

Contracting specialty: \_\_\_\_\_

Geographic area(s) of operation: *(Territory)* \_\_\_\_\_

Type of business:  C-Corp.  Sub S. Corp.  Part.  Sole Prop.  LLC  LLP

Employees (# of): Office: \_\_\_\_\_ Field (min.): \_\_\_\_\_ to (max.): \_\_\_\_\_ Current total: \_\_\_\_\_

Certifications:  8a  HubZone  SDVOSB Other: \_\_\_\_\_

**II. OFFICER INFORMATION**

**List all Owners, Proprietors, Partners and Officers of the firm:**

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
<b>1</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>2</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>3</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>4</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>5</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety?  Yes  No *(explain below)*

Explain: \_\_\_\_\_

Is there a buy/sell agreement among the owners of the business?  Yes  No

Is this agreement funded by life insurance?  Yes  No



### III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.**  Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.**  Yes  No

Percentage of the firm's work for: Government Owners: \_\_\_\_\_% Private Owners: \_\_\_\_\_% Other Contractors: \_\_\_\_\_%

Trades you normally undertake with your own employees:  None  \_\_\_\_\_

Trades you normally subcontract: \_\_\_\_\_

Preferred job size range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Number of jobs at a time: \_\_\_\_\_

Largest job expected during the next year: \_\_\_\_\_

Expected annual volume this current fiscal year: \_\_\_\_\_ Next fiscal year: \_\_\_\_\_

### IV. FINANCIAL INFORMATION

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

**Note: For the following question, please select only one answer.**

On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

On what level are financial statements prepared?  CPA Prepared  In-House  Tax Return

Any material troubled A/R?  No  Yes Explain: \_\_\_\_\_

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.)

Do you have an accountant/bookkeeper on staff?  Yes  No

Contact Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Accounting software: \_\_\_\_\_ Estimating software: \_\_\_\_\_ Job cost software: \_\_\_\_\_

### V. BANK INFORMATION

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

With this bank since: \_\_\_\_\_ Relationship currently includes:  Deposit accounts  Revolving line of credit  Term loans

Line of credit (LOC) year opened: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Line expires: \_\_\_\_\_

Account Types:  Checking  Savings  Money Market  CD  Other: \_\_\_\_\_

LOC -  Unsecured  Secured By: \_\_\_\_\_

Other banks used and purpose: \_\_\_\_\_

### VI. KEY PERSONNEL

**Additional key personnel:**

	Name:	Designation(s):	Position:	Birth year:	Years experience	
					This company:	Total:
1	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____

### VII. SUBSIDIARIES AND AFFILIATES

**Subsidiaries and affiliates of the applicant firm:**



	<u>Firm name:</u>	<u>Ownership/relationship:</u>	<u>Type of business:</u>	<u>FEIN:</u>	<u>Cross/Corp. Indemnity?</u>
<b>1</b>	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>2</b>	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>3</b>	_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

**Largest completed contracts: (largest first)**

	<u>a. Job name:</u>	<u>b. City, State:</u>	<u>c. Contract price:</u>	<u>d. Gross profit:</u>	<u>e. Date completed:</u>	<u>f. Bonded?</u>
	<u>g. Contact name:</u>	<u>h. Firm:</u>	<u>i. Phone:</u>	<u>j. Fax:</u>	<u>k. E-mail:</u>	
	<u>l. Project description:</u>					
<b>1</b>	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>2</b>	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>3</b>	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>4</b>	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					
<b>5</b>	a. _____	b. _____	c. \$ _____	d. \$ _____	e. _____	f. <input type="checkbox"/> Yes <input type="checkbox"/> No
	g. _____	h. _____	i. _____	j. _____	k. _____	
	l. _____					

**Major suppliers: (largest volume first)**

	<u>Name:</u>	<u>Products:</u>	<u>Phone:</u>	<u>E-mail:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)**

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>E-mail:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____



## VIII. EXPERIENCE & REFERENCES

### Previous bonding companies:

	<u>Name:</u>	<u>Dates:</u>	<u>Reason for Leaving:</u>
1	_____	_____	_____
2	_____	_____	_____
3	_____	_____	_____

Have you ever been turned down by a surety?  Yes  No If yes, why? \_\_\_\_\_



## IX. ATTACHMENTS

- Copies of the last three fiscal year end financial statements
- Current interim financial statement and aging receivables and payables report
- Work in Progress Report (attached)
- Personal Financial Statements for each owner (attached)
- Bank Line of Credit Agreement and recent line of credit statement/report
- Recent Monthly Bank Statement
- Certificate of Insurance
- Letters of Recommendation about the accomplishments of your firm
- Business Plan
- Resumes of Owners/Key Employees
- Brochure, Certifications
- Specimen Copy of Subcontract Agreement
- Articles of Incorporation/Organization
- Other: please describe below under "Additional Remarks":

**Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application including but not limited to personal credit on the owners and spouses as well as corporate credit on the company and any affiliates.**

**This questionnaire must be signed by an authorized owner or officer of the company for which bonding is being requested.**

Name of Firm: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Additional Remarks:

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