



Moten Associates

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CONTRACTOR QUESTIONNAIRE

www.nasbp.org/toolkit



BUSINESS INFORMATION

Name of Firm: _____

Contact Name: _____ E-mail Address: _____

Firm Address: _____

Phone: _____ Fax: _____

Web Site: http:// _____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ Is your firm union? Yes No

Contracting Specialty: _____
 Geographic Area(s) of Operation: _____

Type of Business C-Corp. Sub S. Corp. Part. Prop. LLC

OFFICER INFORMATION

List the corporate officers, partners, or proprietors of your firm:

| <u>Legal Name</u> | <u>Date of Birth</u> | <u>SSN</u> | <u>Legal Name of Spouse</u> | <u>Spouse SSN</u> |
|------------------------|-----------------------------|----------------------------|-----------------------------|-------------------|
| 1. _____ | ____ / ____ / ____ | _____ | _____ | _____ |
| <i>Position:</i> _____ | <i>Percent Owned:</i> _____ | <i>Home Address:</i> _____ | | |
| 2. _____ | ____ / ____ / ____ | _____ | _____ | _____ |
| <i>Position:</i> _____ | <i>Percent Owned:</i> _____ | <i>Home Address:</i> _____ | | |
| 3. _____ | ____ / ____ / ____ | _____ | _____ | _____ |
| <i>Position:</i> _____ | <i>Percent Owned:</i> _____ | <i>Home Address:</i> _____ | | |
| 4. _____ | ____ / ____ / ____ | _____ | _____ | _____ |
| <i>Position:</i> _____ | <i>Percent Owned:</i> _____ | <i>Home Address:</i> _____ | | |
| 5. _____ | ____ / ____ / ____ | _____ | _____ | _____ |
| <i>Position:</i> _____ | <i>Percent Owned:</i> _____ | <i>Home Address:</i> _____ | | |

Will the above individuals and spouses personally indemnify Surety? Yes No (*explain below*)

If No, explain: _____

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

Is this agreement funded by life insurance? Yes No

BUSINESS DETAILS

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? If so, please attach explanation. Yes No

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

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

What trades do you normally undertake with your own forces? _____

What percentage of the firm's work is normally subcontracted to others? _____

What trades do you normally subcontract? _____

What is your sub bonding policy? _____

What was your largest uncompleted backlog? Amount: \$ _____ Year: _____

What is the largest job you expect to do during the next year? _____

What is the largest backlog expected next year? _____

What is your expected annual volume? _____

Do you lease equipment? Yes No Type of lease: _____

What are the terms of the lease? _____

FINANCIAL INFORMATION

Name of CPA Firm: _____ Fiscal Year End: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Company Phone: _____ Fax: _____

On what basis are taxes paid? Cash Completed Job Accrual % of Completion

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

On what level of assurance are financial statements prepared? CPA Audit Review Compilation

How often are internal financial statements prepared? Annually Semi-Annually Quarterly Monthly

Do you have a full time accountant on staff? Yes No Professional designations: _____

What accounting software do you use? _____

What estimating software do you use? _____

What job cost software do you use? _____

Name of Bank: _____ Address: _____

Contact Name: _____ Phone: _____

Line of Credit: \$ _____ Expiration: ____ / ____ / ____

EXPERIENCE & REFERENCES

Previous Bonding Companies:

| | |
|--------------|----------------------------|
| <u>Name:</u> | <u>Reason for Leaving:</u> |
| 1. _____ | _____ |
| 2. _____ | _____ |
| 3. _____ | _____ |

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> |
|------------------|--------------------------------------|----------------------|-------------------------|--|
| 1. _____ | _____ | _____ | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact: _____ | Phone/Fax Numbers: p: _____ f: _____ | | | |
| 2. _____ | _____ | _____ | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact: _____ | Phone/Fax Numbers: p: _____ f: _____ | | | |
| 3. _____ | _____ | _____ | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact: _____ | Phone/Fax Numbers: p: _____ f: _____ | | | |
| 4. _____ | _____ | _____ | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact: _____ | Phone/Fax Numbers: p: _____ f: _____ | | | |
| 5. _____ | _____ | _____ | / / | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Contact: _____ | Phone/Fax Numbers: p: _____ f: _____ | | | |

List five of your major suppliers:

| <u>Name</u> | <u>Phone/Fax Numbers</u> | <u>Contact</u> |
|-------------|--------------------------|----------------|
| 1. _____ | p: _____ f: _____ | _____ |
| 2. _____ | p: _____ f: _____ | _____ |
| 3. _____ | p: _____ f: _____ | _____ |
| 4. _____ | p: _____ f: _____ | _____ |
| 5. _____ | p: _____ f: _____ | _____ |

List five subcontractors (or contractors if you are a subcontractor) that you do business with:

| <u>Name</u> | <u>Phone/Fax Numbers</u> | <u>Contact</u> |
|-------------|--------------------------|----------------|
| 1. _____ | p: _____ f: _____ | _____ |
| 2. _____ | p: _____ f: _____ | _____ |
| 3. _____ | p: _____ f: _____ | _____ |
| 4. _____ | p: _____ f: _____ | _____ |
| 5. _____ | p: _____ f: _____ | _____ |

List three specialty trades you have done business with:

| <u>Name</u> | <u>Phone/Fax Numbers</u> | <u>Contact</u> |
|-------------|--------------------------|----------------|
| 1. _____ | p: _____ f: _____ | _____ |
| 2. _____ | p: _____ f: _____ | _____ |
| 3. _____ | p: _____ f: _____ | _____ |

KEY PERSONNEL

List additional personnel key to your operations:

| Name | Position | Birth Year | Yrs. Experience |
|----------|----------|------------|-----------------|
| 1. _____ | _____ | _____ | _____ |
| 2. _____ | _____ | _____ | _____ |
| 3. _____ | _____ | _____ | _____ |
| 4. _____ | _____ | _____ | _____ |
| 5. _____ | _____ | _____ | _____ |

LIFE INSURANCE INFORMATION

List any life insurance in effect on officers or key personnel:

| Name | Beneficiary | Amount | Insurance Company |
|----------|-------------|----------|-------------------|
| 1. _____ | _____ | \$ _____ | _____ |
| 2. _____ | _____ | \$ _____ | _____ |
| 3. _____ | _____ | \$ _____ | _____ |
| 4. _____ | _____ | \$ _____ | _____ |

BUSINESS INSURANCE INFORMATION

Provide information on your business insurance:

Name of insurance broker/agency? _____

Agent's Name: _____ E-mail: _____

Fax: _____ Phone: _____

SUBSIDIARIES AND AFFILIATES

List any subsidiaries and affiliates of the contracting firm:

| Firm Name | Ownership | Type of Business | Cross/Corp. Indemnity? |
|-----------|-----------|------------------|--|
| 1. _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 2. _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 3. _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 4. _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 5. _____ | _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Remarks: _____

Attachments:

- Copies of the last three fiscal financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current financial statement for all indemnitores
- Bank Line of Credit Agreement
- Business Plan
- Buy/Sell Agreement
- Specimen Copy of Subcontract Agreement
- Certificate of Insurance
- Resumes of Owners/Key Employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below:

Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

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

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____

Date: _____ / _____ / _____

Additional Remarks: