



Contractor Questionnaire

Please download, complete the form in its entirety and email to ebonds@bch-insurance.com. Or, fax to 713.688.7967.

Have this form completed and submit with:

1. Last three fiscal year-end statements and concurrent work in progress schedules.
2. Personal financial statements on major stockholders. (Preferably concurrent with last corporate fiscal year end.)
3. Copy of existing buy-sell or continuation agreement.
4. Letter from contractor's bank describing line of credit, security for line, present outstanding balance and past experience.
5. Resumes of key personnel.
6. Most current interim financial statement and concurrent work in progress schedule.

Name of Firm:

Mailing Address:

Physical Address:

Telephone Number (include area code):

Federal Tax ID Number:

Business Entity: Corporation Individual Partnership Joint Venture

Business Began:

Fiscal Year End:

How are taxes paid? % of Completion Completed Contract Accrual Cash

Who prepared your statements? CPA Public Accountant Staff Accountant Staff CPA Owner

If CPA prepared, are they: Compiled Audited Reviewed

Class of Contractor: Heavy Construction Specialty General Contractor

Highway Subcontractor Other (describe)

OWNERSHIP, CORPORATE OFFICERS, PARTNERS, SOLE PROPRIETOR INFORMATION: COMPLETE FOR ALL CORPORATE OFFICERS, PARTNERS OR ANY OWNER HOLDING 5% OR MORE INTEREST IN THE COMPANY: (attach supplemental schedule as needed)

Full Legal Name

Social Security Number

Ownership %

Position

Home Address

Name of Spouse

Full Legal Name

Social Security Number

Ownership %

Position

Home Address

Name of Spouse

Full Legal Name

Social Security Number

Ownership %

Position

Home Address

Name of Spouse

Full Legal Name

Social Security Number

Ownership %

Position

Home Address

Name of Spouse

KEY PERSONNEL

ATTACH RESUME OF EACH PERSON, INCLUDING THOSE LISTED ABOVE, OUTLINING AGE, PRINCIPAL DUTIES, EDUCATION, EXPERIENCE, SPECIFYING TYPE OF WORK, LARGEST JOBS, POSITIONS HELD AND ALL PREVIOUS EMPLOYERS.

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? Yes No (If YES, please explain.)

Is your organization presently involved in any litigation? Yes No (If YES, please explain fully.)

Prior or Current Bond Company

Largest Bond Written

Reason for Leaving Bond Company

List Any Subsidiaries or Affiliated Companies

Not Applicable **OR** Attach Schedule with EXACT NAME, TYPE OF BUSINESS, OWNERSHIP

What type of work do you normally undertake?

Largest previous work program \$

Year

ANTICIPATED AMOUNT OF WORK (next 12 months):

What portion of your work is normally for: Government Agencies % Private Owners %

In what geographical area?

On the average, what portion of your work is sub-contracted? %

Do you normally require bonds of your subs? Yes No (If NO, please explain)

Do you often engage in joint ventures? Yes No

Do you have the necessary equipment to perform the anticipated job/program? Yes No

Do you lease equipment? Yes No

If YES, give terms of lease agreements:

Is Your Operation: Union? Non-Union?

What size projects and backlog do you feel your organization can undertake?

Single Job \$ Total Program \$

Name and Address of Bank:

What is total line?	How Secured	Interest Rate	Loan Officer & Phone Number
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How much of your line is currently available? Filing under uniform commercial code? Yes No

Furnish a bank letter setting forth line

What is the largest amount of uncompleted work on hand at any one time in the past?

Amount \$ Year

LIST 5 LARGEST CONTRACTS COMPLETED BY YOUR COMPANY

JOB	CONTRACT PRICE	DATE COMPLETED	GROSS PROFIT

LIST 5 OF YOUR MAJOR SUPPLIERS

NAME	ADDRESS	TELEPHONE NO.	CONTACT/CREDIT MANAGER

AT PRESENT, YOUR FIRM IS

- Discounting Bills 30 to 60 days Special Terms Paying in 30 days Over 60 days

PLEASE EXPLAIN:

**LIST 5 SUBCONTRACTORS (CONTRACTORS, IF YOU ARE A SUBCONTRACTOR)
WITH WHOM YOU HAVE WORKED IN THE LAST 2 YEARS**

NAME	ADDRESS	TELEPHONE NO.	CONTACT/CREDIT MANAGER

LIST 5 LARGEST CONTRACTS COMPLETED BY YOUR COMPANY

JOB	CONTRACT PRICE	DATE COMPLETED	GROSS PROFIT

LIST ANY "KEY MAN" INSURANCE CARRIED

NAME	AMOUNT	ISSUING COMPANY	SURRENDER VALUE

LIST INSURANCE COVERAGES IN EFFECT (OR ATTACH CURRENT CERTIFICATE OF INSURANCE)

Date _____ Signature _____