



Dealey, Renton & Associates

Knowledge. Service. Commitment.

Insurance Brokers Since 1950

CONTRACTOR'S SURETY QUESTIONNAIRE

Date Completed _____

SECTION I **GENERAL INFORMATION**

1. Company Name: _____
2. Physical Address: _____
3. Mailing Address: _____
4. Phone # _____ 5. Fax # _____
6. Year Started: _____ 7. Fiscal Year End: _____ 8. Tax ID# _____
9. Contractor's License # _____ State: _____ Classifications: _____
10. Business is a: _____ Corporation _____ Partnership _____ Proprietorship _____ Other: _____
11. If Corporation, exact Corporate Name: _____
12. State of Incorporation: _____ Subchapter "S" _____ Yes _____ No
13. President: _____ Vice President: _____
Secretary: _____ Treasurer: _____
14. List all owners, officers and/or partners of the company (attach resumes)
Name: _____ Name: _____
Address: _____ Address: _____
City: _____ State: _____ Zip: _____ City: _____ State: _____ Zip: _____
Home Ph.: _____ % Interest: _____ Home Ph.: _____ % Interest: _____
D/O/B: _____ SSN: _____ D/O/B: _____ SSN: _____
(Attach additional sheet if more than 2 owners)
15. E-mail Address: _____ 16. Web Page address: _____
17. FedEx Account #: _____

SECTION II **EXPERIENCE**

1. Type of Work:

_____ Public Bldg	_____ Excavation	_____ Sewers	_____ Pipeline
_____ Comm Bldg	_____ Carpentry	_____ Electrical	_____ Plumbing
_____ Highways	_____ Bridges	_____ Paving	_____ Concrete
_____ Roofing	_____ Painting	_____ HVAC	_____ Landscape
_____ Other: _____			
2. What is your Geographical area of operation? _____
3. What percentage of work done as: Prime Contractor _____% Subcontractor _____%
4. What percentage of work is: Public Work _____% Private Work _____%
5. # of Employees: _____ Company is: _____ Union _____ Non Union _____ Both

SECTION II CONTINUED

6. Complete the following on your four largest jobs completed in the last three years:

- A. **Project Name:** _____ **Contract Amount \$** _____ **Gross Profit\$** _____
Owner, Developer or GC: _____ **Manager:** _____ **Date Complete** _____
Address _____ **Phone** _____
- B. **Project Name:** _____ **Contract Amount \$** _____ **Gross Profit\$** _____
Owner, Developer or GC: _____ **Manager:** _____ **Date Complete** _____
Address _____ **Phone** _____
- C. **Project Name:** _____ **Contract Amount \$** _____ **Gross Profit\$** _____
Owner, Developer or GC: _____ **Manager:** _____ **Date Complete** _____
Address _____ **Phone** _____
- D. **Project Name:** _____ **Contract Amount \$** _____ **Gross Profit\$** _____
Owner, Developer or GC: _____ **Manager:** _____ **Date Complete** _____
Address _____ **Phone** _____

7. What major sub trades are used by your company? _____
8. Do you require your subs to provide bonds? _____
9. Do you require your subs to sign a modern, legally binding subcontract: _____
10. Do you require your subs to provide a certificate of insurance? _____

11. List three major subs commonly used: (if you are a sub, list generals you work for)

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Phone # _____	Phone # _____	Phone # _____
Contact: _____	Contact: _____	Contact: _____

12. List three suppliers most commonly used:

Name: _____	Name: _____	Name: _____
Address: _____	Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____	City, State, Zip: _____
Phone # _____	Phone # _____	Phone # _____
Contact: _____	Contact: _____	Contact: _____

13. Average Job Size: \$ _____ 14. How many projects at once? _____
15. Largest Backlog: \$ _____ When? _____ / _____ / _____ # of Jobs? _____
16. What size contract is your firm best qualified to handle? \$ _____
17. Anticipated volume of work your firm expects to perform this year? \$ _____
18. Do you own adequate equipment to handle these jobs? _____
19. What equipment do you rent? _____
20. What equipment do you plan to purchase in the next 12 months? _____
21. Do you maintain your own equipment? _____
22. Have you ever failed to complete a contract? Yes _____ No _____
23. Has a surety company ever paid a claim on your behalf? Yes _____ No _____
24. List Prior Sureties: _____
-

SECTION II CONTINUED

25. Have you (or any of your key people) ever owned or operated a business before?
Yes _____ No _____ Name of Business _____
Details : _____
26. Has the company or owner ever filed personal or business bankruptcy? Yes _____ No _____
27. Are you currently involved in any lawsuits or other litigation? Yes _____ No _____
Details _____
28. Are there any labor or material liens filed on any of your work? Yes _____ No _____
Details _____
29. Are there judgments or tax liens against the firm or its owners? Yes _____ No _____
Details _____
30. Are any notes, accounts receivable, retained or earned estimates pledged, sold, assigned or discontinued? Yes _____ No _____ Details _____
31. Are any receivable over sixty days past due? Yes _____ No _____
Details _____
32. Have you, any partner, shareholder, RME or RMO, or key person ever been involved in a surety claim? Yes _____ No _____ Details: _____

SECTION III PERPETUATION PLANS

1. Life Insurance
- | Insured | Beneficiary | Company | Face Amount | Type |
|---------|-------------|---------|-------------|-------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
2. Do you have any type of trust? _____ Details: _____
3. Do you have a will? _____ 4. Does a buy-sell agreement exist? _____
5. If yes, attach a copy, if no, what happens to firm upon death of the owner? _____
6. List family members connected to your business (include relationship and age) and names of key people who could and would continue the business in the event of death, disability or retirement (attach resumes):
- _____
- _____
- _____
- _____
7. Summarize the contracting experience of your key people who are involved in daily operation (Attach resumes):
- _____
- _____
- _____
- _____
- _____

SECTION IV PROFESSIONAL SERVICES

A. **Banking**

1. Bank: _____
Address: _____
2. Loan Officer: _____
3. Average Balances: Checking _____ Savings _____ Other _____
4. Line of Credit: \$ _____ Amount currently in use: \$ _____
5. How is the line secured? All Assets (UCC-1 filing) _____ Accounts Receivable _____
Equipment _____ Real Estate _____ Personal Asset _____ Unsecured _____ Other _____

B. **Accounting**

1. Accounting Firm: _____
Address: _____
2. Accountant: _____ Phone # () _____
3. Fiscal year end statement preparation: _____ Compilation _____ Review _____ Audit _____
4. Accounting method for financial statements:
_____ % of Completion _____ Completed Contracts _____ Simple Accrual _____ Cash _____
5. Accounting method for tax returns:
_____ % of Completion _____ Completed Contracts _____ Simple Accrual _____ Cash _____
6. Date of last IRS audit: _____ Result: _____
7. How often are job costs updated? _____
8. Explain any changes in ownership of company: _____
9. Explain any ownership in other businesses: _____

C. **Legal**

1. Attorney Firm: _____
Address: _____
2. Attorney: _____ Phone # _____

D. **Insurance**

1. Insurance Agency: _____ Agent: _____
2. Property & Casualty Company: _____ Expiration: _____
3. Workers Compensation Company: _____ Expiration: _____
4. Other: _____ Expiration: _____

* ATTACH EXTRA PAGES IF NECESSARY

* IF A RELATED ENTITY IS INVOLVED IN CONSTRUCTION OR SIMILAR WORK

ATTACH A CONTRACTORS QUESTIONNAIRE ON THE ENTITY

* ATTACH LAST FISCAL YEAR END STATEMENT ON THE ENTITY

* PLEASE AFFIX CORPORATE SEAL

*The information we have provided here is true and correct. You have our permission to verify same,
and to receive credit information on our company and personal credit history*

X _____
Principal Date

X _____
Principal Date