



## CONTRACTOR'S QUESTIONNAIRE

- 1) Company Name \_\_\_\_\_  
(name as it is filed with Secretary of State or IRS)
- 2) Address \_\_\_\_\_  
Street City State Zip
- 3) Phone \_\_\_\_\_ Fax \_\_\_\_\_ Cell \_\_\_\_\_
- 4) Federal Tax I.D. # \_\_\_\_\_
- 5) Overnight Package Service \_\_\_\_\_ Account # \_\_\_\_\_
- 6) Total # of Employees \_\_\_\_\_ State of Incorporation \_\_\_\_\_ Fiscal Year-End \_\_\_\_ / \_\_\_\_ / \_\_\_\_
- 7) Form of Organization \_\_\_\_\_ Corporation Partnership Proprietorship LLC
- 8) Date Business Formed \_\_\_\_\_ Date Incorporated \_\_\_\_\_

9) Ownership Detail

| Name and Residence Address                      | % Ownership | Date of Birth | Title | Individual Social Security # | Marital Status | Spouse's Legal Name & Social Security # |
|---|-------------|---------------|-------|------------------------------|----------------|---|
| 1)<br><br><br>Home Phone # _____<br>Email _____ |             |               |       |                              |                | SS# _____                               |
| 2)<br><br><br>Home Phone# _____<br>Email _____  |             |               |       |                              |                | SS# _____                               |
| 3)<br><br><br>Home Phone # _____<br>Email _____ |             |               |       |                              |                | SS# _____                               |
| 4)<br><br><br>Home Phone# _____<br>Email _____  |             |               |       |                              |                | SS# _____                               |

- 10) Has there been any change in ownership in the past two years?      Yes      No  
 If yes, please explain: \_\_\_\_\_
- 11) Is the Company or any of its owners connected with other companies that operate as a parent, subsidiary, holding company or affiliate?      Yes      No  
 If yes, please explain: \_\_\_\_\_

12) Have provisions been made for continuity of the duties of the owner(s) and an orderly transfer of ownership in the event of disability? Yes  No   
 Provide Details: \_\_\_\_\_

13) Are there any problems with full corporate and personal (including spouses) indemnification by all owners and/or affiliates of the company? Yes  No   
 If yes, please explain: \_\_\_\_\_

14) Key Operating Personnel: **(Provide resumes)**

| Name | Position/Responsibility | Age | Time in Position | Time in Industry |
|------|-------------------------|-----|------------------|------------------|
| 1    |                         |     |                  |                  |
| 2    |                         |     |                  |                  |
| 3    |                         |     |                  |                  |
| 4    |                         |     |                  |                  |

15) Control and supervision of contracts by owner(s) is performed Daily  Weekly  Monthly

16) What class of construction work does company:

- A. Generally do \_\_\_\_\_
- B. Specializes in \_\_\_\_\_
- C. At times handle \_\_\_\_\_

17) What is your geographic area of operation? \_\_\_\_\_

18) What was the largest backlog of contract cost to complete (not contract value)? \$ \_\_\_\_\_  
 Number of Jobs \_\_\_\_\_ Year \_\_\_\_\_

19) List the five (5) largest/most important contracts completed in the last five years.

| Owner's Name & Contact Person | Description of Project | Address & Phone No. | Contract Amount | Completion Time/Date | Bonded |
|-------------------------------|------------------------|---------------------|-----------------|----------------------|--------|
| 1                             |                        |                     |                 |                      |        |
| 2                             |                        |                     |                 |                      |        |
| 3                             |                        |                     |                 |                      |        |
| 4                             |                        |                     |                 |                      |        |
| 5                             |                        |                     |                 |                      |        |

20) Are bonds required from subcontractors or suppliers? Yes  No  If yes, over what amount \_\_\_\_\_

21) What is the single largest contract you expect to attempt to obtain in the near future? \$ \_\_\_\_\_

22) What is the largest backlog of cost to complete you expect to attempt to handle in the near future? \$ \_\_\_\_\_

23) What is the largest volume of contract value you will attempt to handle in the near future? \$ \_\_\_\_\_

- 24) Do you presently own the equipment necessary to complete the program outlined in 20, 21 & 22? Yes  No   
 If no, will you be: buying  renting  leasing   
 Anticipated total acquisition cost (including down payment) \$ \_\_\_\_\_  
 Anticipated cost payable within the next twelve months \$ \_\_\_\_\_
- 25) Present or most recent surety \_\_\_\_\_  
 Location \_\_\_\_\_ How long have you used this surety? \_\_\_\_\_  
 Largest single contract previously bonded \_\_\_\_\_ Reasons for change in surety? \_\_\_\_\_
- 26) Have you in the past or do you plan to use more than one surety at a time? Yes  No
- 27) Is collateral currently posted with any other Surety to secure bonds on behalf of your firm? Yes  No   
 If yes, please provide details: \_\_\_\_\_
- 28) Has the company, any affiliate or subsidiary, or any owner(s) or companies in which they have had ownership interest:  
 Ever defaulted on a contract? Yes  No   
 If so, please explain: \_\_\_\_\_  
 Ever defaulted on a contract forcing the surety to suffer a loss? Yes  No   
 If yes, please explain: \_\_\_\_\_  
 Ever experienced a bankruptcy? Yes  No   
 If so, please explain: \_\_\_\_\_  
 Been in receivership? Yes  No  If so, please explain: \_\_\_\_\_
- 
- Been liened by a taxing authority? Yes  No  If so, please explain: \_\_\_\_\_
- 
- 29) Are any liens for labor and/or materials filed against your company on any contracts which have been done or are being done by your company? Yes  No  If so, please explain: \_\_\_\_\_
- 
- 30) Are you presently under indictment, on parole or probation? Yes  No  If so, please explain: \_\_\_\_\_
- 
- 31) Have you ever been charged with and or arrested for any criminal offense other than a minor motor vehicle violation, including offenses which have been dismissed, discharged, or not prosecuted?  
Yes  No  All arrests and charges must be disclosed and explained on a separate sheet. Attach sheet to this questionnaire.
- 32) Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation; including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation?  
Yes  No  Please disclose all incidents and explain on a separate sheet. Attach sheet to this questionnaire.
- 33) Have you ever received U.S. Small Business Administration (SBA) assistance under another business name?  
Yes  No  If so, provide name of business: \_\_\_\_\_
- 34) Have you ever defaulted on any previous surety bonds (SBA or other)? Yes  No   
 If so, please explain: \_\_\_\_\_
- 35) Have you ever failed to complete a job? Yes  No   
 If so, please explain: \_\_\_\_\_

- 36) Are you 8(a) certified?                      Yes                      No
- 37) Are you a Veteran?                      Yes                      No
- 38) Specify Gender and Ethnicity of Principle(s):

| Principle Name | Gender | Ethnicity |
|----------------|--------|-----------|
| 1              |        |           |
| 2              |        |           |
| 3              |        |           |
| 4              |        |           |

- 39) Name of Bank \_\_\_\_\_  
 Address \_\_\_\_\_  
 Account Manager \_\_\_\_\_ Phone: \_\_\_\_\_  
 With Bank since: \_\_\_\_\_ Current Line of Credit Amount \$ \_\_\_\_\_  
 Amount in use at time of application                      \$ \_\_\_\_\_  
 Anticipated amount to be used in next 90 days                      \$ \_\_\_\_\_  
 Secured by:                      Corporate Signature                      Personal Signature                      Inventory                      Accounts Receivable  
 Other                      Please describe: \_\_\_\_\_

**Terms**

- Rate: \_\_\_\_\_ Repayment \_\_\_\_\_ Expiration \_\_\_\_\_  
 Name of Previous Bank \_\_\_\_\_  
 Address \_\_\_\_\_ Phone \_\_\_\_\_  
 Account Manager \_\_\_\_\_  
 Term with Previous Bank \_\_\_\_\_

- 40) Accountant/CPA Firm \_\_\_\_\_  
 Address \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
 Length of Relationship \_\_\_\_\_

- 41) Have there been any changes in outside accounting firms since your last fiscal year end?                      Yes                      No  
 If yes, please explain the reason for change: \_\_\_\_\_

- 42) Are interim financial statements prepared during the year?                      Yes                      No  
 If yes, how often \_\_\_\_\_ By Whom \_\_\_\_\_

- 43) Are trial balances prepared monthly?                      Yes                      No  
 If no, how often? \_\_\_\_\_ By Whom \_\_\_\_\_

- 44) If the company is a corporation, is it a Sub Chapter S Corporation?                      Yes                      No

- 45) Financial statements are prepared by the CPA on the following basis:  
                     % of Completion                      Completed Contract                      Accrual                      Cash

- 46) Income taxes are paid on the following basis:  
                     % of Completion                      Completed Contract                      Accrual                      Cash

47) Are corporate and personal taxes of owner(s) and spouse(s) current? Yes  No   
 If no, please explain \_\_\_\_\_

48) Does your company act as an indemnitor to any of the following:  
Bank Supplier/Subcontractor Surety Company Other  
 Are any of your accounts receivables or retentions assigned, pledged, hypothecated, sold or discounted other than for your present bank line of credit and bonded contracts or do you plan to do this in the future? Yes  No

If yes, please explain: \_\_\_\_\_

50) Give names of four (4) principal suppliers/subcontractors:

| Name of Firm and Contact | Address      | Material/Service Provided |
|--------------------------|--------------|---------------------------|
| 1)                       |              |                           |
|                          | Phone: _____ |                           |
|                          | Fax: _____   |                           |
| 2)                       |              |                           |
|                          | Phone: _____ |                           |
|                          | Fax: _____   |                           |
| 3)                       |              |                           |
|                          | Phone: _____ |                           |
|                          | Fax: _____   |                           |
| 4)                       |              |                           |
|                          | Phone: _____ |                           |
|                          | Fax: _____   |                           |

**Important:** The following statement must be read and acknowledged by each owner or officer of the company for which bonding is being requested.

I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I, the undersigned, am authorized to allow you to investigate the credit, bank and performance reference and prior sureties of the company, its employees and owners for bond purposes.

I acknowledge that all information is complete and correct and is given to induce the surety company to execute bonds. I understand that false information may constitute misrepresentation or fraud; and, that false statements may result in forfeiture of benefits and possible prosecution by the U. S. Attorney General (Reference 18 U.S.C. 1001).

**Section 817.2334 (1)(b), F.S: "Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, misleading information is guilty of a felony in the third degree."**

I/We, the undersigned, am authorized to allow you to investigate the credit, bank and performance reference and prior sureties of the company, its key employees and owners for bond purposes.

The undersigned further acknowledge(s) the following:

- 1) The Barbour Group, LLC uses the services of A.M. Best and other criteria in evaluating the bonding companies they use. A.M. Best's ratings evaluate numerous facets of an insurance/surety company's operation, including its financial position.
- 2) The Barbour Group, LLC requires each bonding company it uses to have an A.M. Best rating of not less than "A-" and a A.M Best financial size of not less than "VII," a state license for the respective jurisdiction, and a listing in the Circular 570 of approved sureties unless the contract provides instructions to the contrary.
- 3) All applicants/bonding clients (defined as any indemnitor who has signed an indemnity agreement on behalf of any surety) of The Barbour Group, LLC, jointly and severally, shall indemnify and hold harmless The Barbour Group, LLC and its members, managers, agents, subagents, and employees from and against any and all claims, proceedings, investigations, liabilities, damages, losses, actions, demands, judgments, costs and expenses, including attorney's and experts' fees resulting from, or arising out of any surety bond offered or procured from any individual surety or any corporate surety, or arising out of any downgrades or insolvency of any individual surety or any corporate surety. If the decision is to pursue bonding by an individual surety, all applicants, jointly and severally, acknowledge and agree that any bonds issued by an individual surety may not be accepted by the owner awarding the contract or bid; and, that premium may be considered an underwriting fee and fully earned.

**I have read and agree to the statement above.**  
(Each Owner Must Sign)

|             |            |
|-------------|------------|
| Owner _____ | Date _____ |
| Owner _____ | Date _____ |
| Owner _____ | Date _____ |
| Owner _____ | Date _____ |

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

Title \_\_\_\_\_

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