



**Maloney & Associates**

435 West Grand Avenue  
Escondido, CA 92025

760.738.2610

fax 760.738.6855

www.maloneybonds.com

OB55425

## CONTRACTOR QUESTIONNAIRE

1. Name of Firm: \_\_\_\_\_

2. Address: \_\_\_\_\_ 3. Fiscal Yr. End: \_\_\_\_\_

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

4. Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

5. Contracting Specialty: \_\_\_\_\_

6. Contact Person: \_\_\_\_\_ 7. Title: \_\_\_\_\_

8. Year Business Started: \_\_\_\_\_ 9. Type of Business: \_\_\_ Corp. \_\_\_ Part. \_\_\_ Prop. \_\_\_ Sub. S. Corp.

10. State of Incorporation: \_\_\_\_\_ 11. Area of Operation: \_\_\_\_\_

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

	Name	Position	Yr. of Birth	% Owned	Name of Spouse
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. List key personnel, controller, estimators, foreman (attach resumes):

	Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

14. Has a trust been established? \_\_\_ Yes \_\_\_ No If yes, please attach a copy.

15. Is there a buy/sell agreement among the owners of the business? \_\_\_ Yes \_\_\_ No

16. If yes, is this agreement funded by life insurance? \_\_\_ Yes \_\_\_ No

17. How many people does your firm employ? \_\_\_\_\_ 18. How many work crews? \_\_\_\_\_

19. 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

20. Is your firm or any of its owners or officers currently involved in any litigation?  Yes  No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. What percentage of your firm's work is normally for:  
Government Agencies \_\_\_\_\_% Private Owners \_\_\_\_\_%

22. What percentage of your firm's work is normally subcontracted? \_\_\_\_\_%

23. Are bonds required of subs?  Yes  No

24. What trades do you normally subcontract? \_\_\_\_\_

25. What is the largest amount of uncompleted work-on-hand (backlog) at one time in the past?  
Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_

26. What is the largest uncompleted work program (backlog) expected during the next year? \$ \_\_\_\_\_

27. What is your expected annual volume next year? \$ \_\_\_\_\_

28. What trades do you normally undertake with your own forces? \_\_\_\_\_  
\_\_\_\_\_

29. Name of your CPA: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

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

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

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

34. Are job cost records kept?  Yes  No

35. If yes, how often are these records reviewed? \_\_\_\_\_ 36. How often updated? \_\_\_\_\_

37. Name of your bank: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: ( ) \_\_\_\_\_ Contact Person: \_\_\_\_\_

38. Amount of credit line established? \$ \_\_\_\_\_ 39. Expiration Date: \_\_\_\_\_

40. UCC filing?  Yes  No 41. How is credit secured? \_\_\_\_\_

42. Is your firm union?  Yes  No

43. Previous Bonding Companies:  
Name

Reason(s) for leaving

A.	_____	_____
B.	_____	_____
C.	_____	_____

44. 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>	
A.	_____	\$ _____	\$ _____	_____	Yes	No
	Owner/General: _____	Contact Person: _____	Phone: ( ) _____			
B.	_____	\$ _____	\$ _____	_____	Yes	No
	Owner/General: _____	Contact Person: _____	Phone: ( ) _____			
C.	_____	\$ _____	\$ _____	_____	Yes	No
	Owner/General: _____	Contact Person: _____	Phone: ( ) _____			
D.	_____	\$ _____	\$ _____	_____	Yes	No
	Owner/General: _____	Contact Person: _____	Phone: ( ) _____			
E.	_____	\$ _____	\$ _____	_____	Yes	No
	Owner/General: _____	Contact Person: _____	Phone: ( ) _____			

45. If available, please attach reference letters on prior jobs.

46. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Telephone</u>	<u>Fax</u>
A.	_____	_____	( ) _____	( ) _____
B.	_____	_____	( ) _____	( ) _____
C.	_____	_____	( ) _____	( ) _____
D.	_____	_____	( ) _____	( ) _____
E.	_____	_____	( ) _____	( ) _____

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

A.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	
B.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	
C.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	
D.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	
E.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	

48. List other business references (i.e., architects, engineers, etc.)

A.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	
B.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact Person: _____	
C.	Name: _____	Telephone: ( ) _____
	Address: _____	Job: _____
	Contact: _____	

49. List any life insurance in effect on key personnel:

	<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
B.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
C.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			

50. List other insurance coverage currently in effect:

	<u>Limits in 000s</u>		<u>Carrier &amp; Insurance Agent</u>	<u>Exp. Date</u>
	<u>BI</u>	<u>PD</u>		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Worker's Compensation:	\$ _____	\$ _____	_____	_____

51. List any subsidiaries and affiliates of the contracting firm:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>
A.	_____	_____	_____
B.	_____	_____	_____
C.	_____	_____	_____
D.	_____	_____	_____
E.	_____	_____	_____

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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

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