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OB55425

## CONTRACTOR QUESTIONNAIRE

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

2. Address: \_\_\_\_\_

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

3. Fiscal Year End: \_\_\_\_\_

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:

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>% Owned</u>	<u>Name of Spouse</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
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:  
Public Owners \_\_\_\_\_% 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. Line of Credit Expiration Date: \_\_\_\_\_

40. UCC filing? \_\_\_ Yes \_\_\_ No

41. How is credit secured? \_\_\_\_\_

42. Is your firm union? \_\_\_ Yes \_\_\_ No

43. Previous Bonding Companies:

	<u>Name</u>	<u>Reason(s) for leaving</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

44. List five of your largest contracts:

	<u>Job Name</u>	<u>Price</u>	<u>Contract</u>	<u>Gross Profit</u>	<u>Completion</u>	<u>Bonded?</u>
					<u>Date</u>	<u>Yes</u> <u>No</u>
A.	_____	\$ _____	_____	\$ _____	_____	Yes No
Owner/GG:	_____	Contact Person:	_____	Phone: (    )	_____	
B.	_____	\$ _____	_____	\$ _____	_____	Yes No
Owner/GC:	_____	Contact Person:	_____	Phone: (    )	_____	
C.	_____	\$ _____	_____	\$ _____	_____	Yes No
Owner/GC:	_____	Contact Person:	_____	Phone: (    )	_____	
D.	_____	\$ _____	_____	\$ _____	_____	Yes No
Owner/GC:	_____	Contact Person:	_____	Phone: (    )	_____	
E.	_____	\$ _____	_____	\$ _____	_____	Yes No
Owner/GC:	_____	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: _____	Job: _____
	Address: _____	Phone: ( ) _____
	Contact Person: _____	
B.	Name: _____	Job: _____
	Address: _____	Phone: ( ) _____
	Contact Person: _____	
C.	Name: _____	Job: _____
	Address: _____	Phone: ( ) _____
	Contact Person: _____	
D.	Name: _____	Job: _____
	Address: _____	Phone: ( ) _____
	Contact Person: _____	
E.	Name: _____	Job: _____
	Address: _____	Phone: ( ) _____
	Contact Person: _____	

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

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Job: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Job: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

C. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Job: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**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>Insurance Carrier</u>	<u>Exp. Date</u>
	<u>BI</u>	<u>PD</u>		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Worker's Compensation:	\$ _____	\$ _____	_____	_____

Please attach a copy of your most current insurance certificates for General Liability & Workman's Compensation.

51. List any subsidiaries and/or 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: \_\_\_\_\_