



WORLD WIDE BONDING AGENCY

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CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____ Tax ID #: _____

2. Address: _____

City: _____ State: _____ Zip Code: _____

3. Fiscal Yr End: _____ 4. Phone: _____ 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	Yr of Birth	Position	% Owned	Name of Spouse
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety? Yes No
If No, Explain: _____

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

15. Is this agreement funded by life insurance? Yes No

16. Corp Indemnify? Yes No 17. Cross Corp. Indemnify? Yes No

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. 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: _____

21. Is your firm or any of its owners / officers currently involved in any litigation? Yes No
If Yes, Please Explain: _____

22. What % of the firm's work is normally for: Gov't Agencies _____% Private Owners _____%

23. What % of the firm's work is normally subcontracted: _____%

24. Are bonds required of subs? Yes No

25. What trades do you normally subcontract? _____

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

Amount: _____ Year: _____

27. What is the largest job you expect to do during the next year? \$ _____

28. What is the largest uncompleted work program expected during the next year?
\$ _____

29. What is your expected annual volume next year? \$ _____

30. What trades do you normally undertake with your own forces? _____

31. SIC CODE: _____ 32. Lease Equipment? Yes No

33. Type of Lease? _____

34. What are the terms of Lease? _____

35. Name of your CPA: _____ Phone: _____ Contact Person: _____

Address: _____

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

37. On what bases are financial statements prepared?
Cash Completed Job Accrual % of Completion

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

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

40. Do you have a full time accountant on staff? Yes No 41. Yrs Experience _____

42. Are job cost records kept? Yes No 43. How often reviewed? _____

44. How often updated? _____ 45. Do they show job detail? Yes No
Frequency? _____

47. Name of your bank? _____ Contact Person: _____
Address: _____ Phone: _____

48. Amount of line of credit? _____ 49. Expiration date: _____ 50. Interest rate _____ %

51. UCC Filing? Yes No 52. How is credit secured? _____

53. Is your first union? Yes No

54. What is firm's Dun & Bradstreet Number? _____

55. D&B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:

	<u>Name</u>	<u>Reason for Leaving</u>
A.	_____	_____
B.	_____	_____
C.	_____	_____

59. 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.	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
	Owner: _____		Design Professional: _____		
B.	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
	Owner: _____		Design Professional: _____		
C.	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
	Owner: _____		Design Professional: _____		
D.	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
	Owner: _____		Design Professional: _____		
E.	_____	_____	_____	_____	Y <input type="checkbox"/> N <input type="checkbox"/>
	Owner: _____		Design Professional: _____		

60. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Contact</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

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

1. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

2. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

3. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

4. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

5. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

62. List three Architects you have done business with:

1. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

2. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

3. Name: _____ Phone: _____
Address: _____ Contact: _____ Job: _____

63. List key personnel, foremen or supervisors:

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

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

Name	Beneficiary	Amount	Cash Value	Insurance Company
A. _____	_____	\$ _____	\$ _____	_____
B. _____	_____	\$ _____	\$ _____	_____
C. _____	_____	\$ _____	\$ _____	_____

65. List other insurance coverage currently in effect: Limits in '000's

	BI	PD	Carrier	Expiration Date
A. General Liability:	_____	_____	_____	_____
B. Auto Liability:	_____	_____	_____	_____
C. Umbrella:	_____	_____	_____	_____
D. Owner's Protection:	_____	_____	_____	_____

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

Firm Name	Ownership	Type of Business	Tax ID #
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS _____

CONTRACTOR QUESTIONNAIRE
SUPPLEMENT TO ITEM 12 ON PAGE 1

<u>Officer, Partner, or Prop.</u>	<u>SS#</u>	<u>Spouse's Name</u>	<u>Spouse's SS#</u>
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

Completed By: _____

Title: _____

Date: _____