

Blueprint Bonding

Insurance Services - DOI Lic#OB53208

6085 Hogan Dam Road, Valley Springs, CA 95252 Ph: 209/772-2110 - Fax: 209/772-7227

CONTRACTOR'S QUESTIONNAIRE

Firm Name			Contractor's License No.		
Address			City, State, Zip		
Phone	Fax	Fiscal Year End	Contracting Speciality		
Contact Person		Title			
Year Business Started	Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship				
State of Incorporation		Area of Operation			

List the corporate officers, partners of your firm:

Name	Date of Birth	Social Security #	Position	% Owned	Name of Spouse

Will the above individuals and spouses personally indemnify Surety? Yes No If No, please explain _____

Is there a Buy/Sell Agreement among the owners of the business? Yes No Is this funded by Life Insurance Yes No

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?
 No Yes If Yes, please explain _____

What percentage of the firm's work is normally for: Government Agencies _____ % Private Owners _____ %

What percentage of the firm's work is normally subcontracted? _____ % Are bonds required of subs? Yes No

What trades do you normally subcontract? _____

What is the largest amount of uncompleted work on hand at one time in the past? Amount _____ Year _____

What is the largest job you expect to do during the next year? _____

What is the largest uncompleted work program expected during the next year? _____

What is your expected annual volume next year? _____ How many people does your firm employ? _____

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

Do you lease equipment? No Yes If Yes: Type of lease: _____ Terms: _____

CPA Name _____

Address _____

Phone _____ Contact Person _____

On what basis are taxes paid? _____

On what basis are financial statement prepared? Cash Accrual % of Completion Completed Job

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

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

Do you have a full-time accountant on staff? No Yes If Yes, Years of Experience _____

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

How often updated? _____ Do they show job detail? Yes No

Bank Name _____

Address _____

Phone _____ Contact Person _____

Amount of line of credit _____ How secured? _____ Is your firm union? Yes No

Previous bonding companies:

Name	Reason for leaving

List five of your major suppliers:

Name	Address	Telephone No.	Contact

List five of your largest contracts:

Job Name: _____	Contract Price: _____	Gross Profit: _____	Completion Date: _____	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contract with: _____		Contact: _____	Phone: _____	
Job Name: _____	Contract Price: _____	Gross Profit: _____	Completion Date: _____	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contract with: _____		Contact: _____	Phone: _____	
Job Name: _____	Contract Price: _____	Gross Profit: _____	Completion Date: _____	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contract with: _____		Contact: _____	Phone: _____	
Job Name: _____	Contract Price: _____	Gross Profit: _____	Completion Date: _____	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contract with: _____		Contact: _____	Phone: _____	
Job Name: _____	Contract Price: _____	Gross Profit: _____	Completion Date: _____	Bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No
Contract with: _____		Contact: _____	Phone: _____	

List five contractors / subcontractors you do business with:

Name:	Contact:
Address:	Phone:
Jobs:	
Name	Contact
Address	Phone
Jobs	
Name	Contact
Address:	Phone:
Jobs:	
Name	Contact
Address	Phone
Jobs	
Name:	Contact:
Address:	Phone:
Jobs:	

List key personnel (office & field):

Name	Position	Date of Birth	Years of Exper.	Prior Employer

List any life insurance in effect on key personnel:

Name	Beneficiary	Amount	Cash Value	Insurance Co.

List other insurance coverage currently in effect: (limits in '000's)

Insurance Type	BI	PD	Carrier	Expiration Date
General Liability				
Auto Liability				
Umbrella				
Owner's Protection				

List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type of Business

Remarks:

Completed By:
Title:
Date: