



Contractor Questionnaire

PROJECT: _____ Date: ____ / ____ / ____

Estimated Single Project Size: _____

FIRM NAME: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact for Inquiries: _____

Contractor License #: _____ State: _____

BONDING:

Surety Company: _____

Agent Company: _____

Bonding Capacity: _____ Value Presently Bonded: _____

(Please Attach: Bond Rate Schedule and Surety Letter)

SAFETY:

| | YEAR: | | | |
|--|-------|--|--|--|
| Workers' Compensation Experience Modification Rate for last three years. | | | | |

GENERAL INFORMATION:

Years in business under current name: _____

Years performing work trade: _____

Largest Prior Year Backlog (in the past 3 years) \$ _____

Current Cost to Complete Backlog: \$ _____

Value of Work in place last year: \$ _____

Average Annual Value of Work completed over last 3 years: \$ _____

Type of Subcontractor (Electrical, Mechanical, Masonry, Concrete, Etc...) _____

Office Staff Count / Field Staff Count (typical) _____

LARGEST CONTRACTS CURRENTLY IN PROGRESS:

Project 1:

Project: _____

Location: _____

Contact: _____ Phone: _____

Contract Amount: _____ Expected Completion Date: _____

Project 2:

Project: _____

Location: _____

Contact: _____ Phone: _____

Contract Amount: _____ Expected Completion Date: _____

Project 3:

Project: _____
 Location: _____
 Contact: _____ Phone: _____
 Contract Amount: _____ Expected Completion Date: _____

LARGEST COMPLETED PROJECTS (Within the last 5 years):

Project 1:

Project: _____
 Location: _____
 Contact: _____ Phone: _____
 Contract Amount: _____ Completion Date: _____

Project 2:

Project: _____
 Location: _____
 Contact: _____ Phone: _____
 Contract Amount: _____ Completion Date: _____

Project 3:

Project: _____
 Location: _____
 Contact: _____ Phone: _____
 Contract Amount: _____ Completion Date: _____

Bank Reference:

Bank Name: _____ Address: _____
 Bank Line of Credit: \$ _____ Borrowings: \$ _____

FINANCIAL STATEMENT:

Provide a copy of your latest CPA prepared year-end financial statement, supplemental schedules (i.e. Work in Progress Report), and Latest Internal Financial Statements

Date of Financial Statements: _____ / _____ / _____

Firm that prepared statements: _____

I hereby certify that the above information is accurate and complete to the best of my knowledge

Signature: _____
 (Officer of firm)

Name: _____

Title: _____

Date Completed: _____