

South Risk Management, LLC

Construction Bonds
2711 Middleburg Dr., Suite 304
Columbia, SC 29204
Phone (803) 733-5284 Fax (803) 733-5287

Contractor Questionnaire

1. Company Name: _____

2. Address: _____ 3. Year End _____

_____ City _____ State _____ Zip

4. Phone () _____ Fax: () _____ 5. Business Trade: _____

6. Contact Person: _____ 7. Company Title: _____

8. Date Company Started: _____

9. Type of Business: (Circle One) Corp. Part. Prop. Sub. S. Corp. LLC

10. State of Incorporation: _____ 11. States of Operation: _____

12. List of company's officers, partners or owners and their title within the company:

a. _____

b. _____

c. _____

d. _____

13. Will the above individuals and spouses personally indemnify Surety: (Circle One) Yes No

If no, explain why: _____

14. Is there a buy / sell contract among the owners of the business (Circle One) Yes No

15. How many employees does your company employ? _____ 16. How many work crews? _____

17. Has your company or any of its principals ever filed for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety: (Circle One) Yes No

If yes, explain : _____

18. Is your firm or any of its owners/officers currently involved in any litigation: Yes No
If yes, explain: _____
19. What percentage of the company's work is for: Public Entities _____% Private Entities _____%
20. What percentage of the company's work is subcontracted: _____%
21. Are bonds required of the subcontractors? Yes No
22. What trades do you subcontract: _____
23. What is the largest amount of uncompleted work on hand at one time in the past:
Amount: \$ _____ Year: _____
24. What is the largest job you expect to do during the next year? \$ _____
25. What is the largest uncompleted work program expected during the next year? \$ _____
26. What is your estimated annual volume next year? \$ _____
27. What trades do you undertake with your company? _____
28. Do you lease equipment? (Circle One) Yes No Type of lease? _____
What are the terms of the lease? _____
29. Name of your CPA firm: _____
Address: _____
Phone: _____ Contact Person: _____
30. On what basis are taxes paid (Circle One) 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: CPA Audit Review Compilation
33. How often are financial statements prepared? Annual Semi-annually Quarterly Monthly
34. Do you have a full time accountant on staff? Yes No Years of experience _____
35. Are individual job cost records kept? Yes No
a. How often are they reviewed? _____ How often updated? _____
b. Do they show job detail? Yes No Frequency? _____
36. Name of your Bank: _____
Address: _____
Phone: _____ Contact Person: _____

37. Amount of line of credit: \$ _____ Expiration Date: _____

38. What is the company's Dun and Bradstreet Number? _____

39. Dun and Bradstreet Rating: _____ Pay Record: _____

40. Previous Bonding Companies:

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

41. 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> Yes or No
A.	_____	_____	_____	_____	Yes or No
	Owner: _____ Architect / Engineer: _____				
B.	_____	_____	_____	_____	Yes or No
	Owner: _____ Architect / Engineer: _____				
C.	_____	_____	_____	_____	Yes or No
	Owner: _____ Architect / Engineer: _____				
D.	_____	_____	_____	_____	Yes or No
	Owner: _____ Architect / Engineer: _____				
E.	_____	_____	_____	_____	Yes or No
	Owner: _____ Architect / Engineer: _____				

42. List five of your major suppliers:

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

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

A. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

B. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

C. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

D. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

E. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

44. List three Architects / Engineers you have done business with:

A. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

B. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

C. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

45. List Key Personnel:

	<u>Name</u>	<u>Position</u>	<u>Yr. of Birth</u>	<u>Yrs. Exp.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

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

47. Please attach a copy of a current certificate of insurance.

48. 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.	_____	_____	_____

Comments:

Completed by: _____

Title: _____

Date: _____