

PO Box 69
Conway, AR 72033
Phone: (501) 255-2663
Fax: (501) 255-3299



1100 Bob Courtway Drive
Suite 16
Conway, AR 72032
E-Mail: applications@bondamerica.com

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____ Fed. ID #: _____
2. Address: _____ 3. Fiscal Yr. End: _____

(City) (State) (Zip Code)
4. Phone: _____ 5. Fax: _____
6. Contact Person: _____ Title: _____
7. Overnight Delivery Service & Billing #: _____
8. Contracting Speciality: _____
9. Type of Business: Corporation Partnership Proprietorship Sub-S Corp.
10. Year Business Started: _____ 11. State of Incorporation: _____ 12. Area of Operation: _____
13. List the Corporate Officers, Partners, or Proprietors of your firm:

| <u>NAME</u> | <u>DATE OF BIRTH</u> | <u>POSITION</u> | <u>% OWNERSHIP</u> | <u>SOCIAL SECURITY #</u> |
|-------------|----------------------|-----------------|--------------------|--------------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

14. Will the above individuals and spouses personally indemnify Surety? YES NO
If No, please explain: _____
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 so, please explain _____

20. Is your firm or any of its owners or officers currently involved in any litigation? _____ If so, explain _____

21. What percentage of the firm's work is normally for: Government Agencies _____ Private Owners _____
22. What percentage of the firm's work is normally subcontracted to others: _____
23. Are bonds required of subcontractors? _____

24. What trades do you normally subcontract to others? _____

25. What is the largest amount of uncompleted work on hand you have had in the past?

Amount \$ _____ Number of jobs _____ Year _____

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

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

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

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

30. Do you lease equipment? _____ Type of lease? _____

31. What are the terms of the lease? _____

32. Name of your CPA _____

Address: _____

Phone: _____ Fax: _____ Contact Name: _____

33. On what basis are taxes paid? Cash _____ Completed Contract _____ Accrual _____ % of Completion _____

34. On what basis are financial statements prepared? Cash _____ Completed Contract _____ Accrual _____ % of Completion _____

35. On what level of assurance are financial statements prepared? Audit _____ Review _____ Compilation _____

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

37. Do you have a full time accountant on staff? _____ Years of experience: _____

38. Are job cost records kept? _____ 39. How often updated? _____

40. Name of your Bank: _____

Address: _____

Phone: _____ Fax: _____ Contact Name: _____

41. Established line of credit? _____ Amount: \$ _____ Expiration date: _____

42. How is credit secured? _____ UCC Filing? _____

43. Is your firm union? _____

44. Previous Bonding Companies:

| | NAME | AGENCY | REASON FOR LEAVING |
|----|-------|--------|--------------------|
| A. | _____ | _____ | _____ |
| B. | _____ | _____ | _____ |
| C. | _____ | _____ | _____ |

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

| | NAME | OWNERSHIP | TYPE BUSINESS |
|----|-------|-----------|---------------|
| A. | _____ | _____ | _____ |
| B. | _____ | _____ | _____ |
| C. | _____ | _____ | _____ |
| D. | _____ | _____ | _____ |
| E. | _____ | _____ | _____ |

46. List five (5) of your largest contracts completed in the past three years:

| | JOB NAME | CONTRACT AMOUNT | YEAR COMPLETED | NAME & PHONE NUMBER OF CONTACT |
|----|----------|-----------------|----------------|--------------------------------|
| A. | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ |

47. List five (5) of your major suppliers:

| | NAME | ADDRESS | TELEPHONE | CONTACT NAME |
|----|-------|---------|-----------|--------------|
| A. | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ |

48. List three (3) subcontractors (or Primes if you are a Sub) that you do business with:

A. Name _____
Address _____ Phone: _____
Contact: _____ Job(s) completed _____

B. Name _____
Address _____ Phone: _____
Contact: _____ Job(s) completed _____

C. Name _____
Address _____ Phone: _____
Contact: _____ Job(s) completed _____

49. List three (3) Architects or Engineers that you have worked with:

A. Name: _____
Address: _____ Phone: _____
Contact: _____ Job(s) _____

B. Name: _____
Address: _____ Phone: _____
Contact: _____ Job(s) _____

C. Name: _____
Address: _____ Phone: _____
Contact: _____ Job(s) _____

50. List life insurance in effect on key personnel:

| | NAME | BENEFICIARY | AMOUNT | COMPANY | CASH VALUE |
|----|-------|-------------|--------|---------|------------|
| A. | _____ | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ | _____ |

51. List other insurance coverage currently in place:

| | LIMITS | CARRIER | EXPIRTION DATE |
|----------------------|--------|---------|----------------|
| A. General Liability | _____ | _____ | _____ |
| B. Auto Liability | _____ | _____ | _____ |
| C. Workers' Comp. | _____ | _____ | _____ |
| D. Builder's Risk | _____ | _____ | _____ |
| E. Umbrella | _____ | _____ | _____ |

52. List key personnel:

| | NAME | POSITION | YEAR OF BIRTH | YEARS EXPER. | PREV. EMPLOYER |
|----|-------|----------|---------------|--------------|----------------|
| A. | _____ | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ | _____ |

REMARKS: _____

Completed by _____
Title: _____ Date: _____

PLEASE IMPRINT CORPORATE SEAL HERE

CREDIT RELEASE

I AUTHORIZE ANY FINANCIAL INSTITUTION, SUPPLIER OR OTHER SOURCE OF CREDIT, TO RELEASE TO

BondAmerica, Inc. 1100 Bob Courtway Drive - #16 Conway, AR 72032

OR IT'S REPRESENTATIVES ANY INFORMATION REGARDING MY ACCOUNT HISTORY, BALANCE HISTORY, OR PAY HISTORY.

A PHOTOCOPY OF THIS AUTHORIZATION SHALL BE CONSIDERED EFFECTIVE AND VALID AS THE ORIGINAL.

COMPANY _____
NAME _____ TITLE _____
SIGNATURE _____ DATE ____/____/____