



Contractor Questionnaire

Legal business name (as filed with the Secretary of State): _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Website: _____

Year business started: _____ State of incorporation: _____ Area of operation: _____

Contracting specialty: _____ Federal Tax ID #: _____

Please list any other entities with shared ownership. _____

Type of organization: Corporation Partnership Sole Proprietorship LLC Sub S Corp.

Union _____ Non-Union _____ What local(s) _____

List all stockholders/owners and key personnel in the business.

Name	DOB	SSN	Position	% Owned	Spouse Name

List affiliated, subsidiary or related companies in which this firm or its stockholders/owners have interest.

Legal Business Name, Address and Federal ID #	Names of Owners & % of Ownership	Scope of Operations

Questions? Contact us at bonds@northriskpartners.com.



Are all stockholders/owners willing to personally indemnify? Yes No If no, why not? _____

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

If yes, is the agreement funded by life insurance? Yes No

Has your firm, any of its owners, or any previous companies ever filed for bankruptcy? Yes No

If yes, when and why? _____

Is your firm or any of its owners/officers currently involved in any litigation? Yes No

If yes, explain. _____

What % of your work is normally for: Government agencies? _____% Private owners? _____%

What % of your work is normally subcontracted? _____%

Are bonds required of subs? Yes No

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 your expected annual volume next year? \$_____

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

Financial Data

Who is responsible for bookkeeping? _____ Prepared ___ Manually ___ Computer ___

How long with firm? _____ How many years of experience? _____

Who is responsible for estimating? _____ Prepared ___ Manually ___ Computer ___

How long with firm? _____ How many years experience? _____

In the event of an owner's death, is a plan in effect to complete all uncompleted work? Yes No

If yes, describe. _____



List suppliers from whom you buy most of your materials.

Company Name/Contact Person	Mailing Address	Phone
1.		
2.		

Scope of Operation

List the contracts your firm completed within the last three years.

Owner or General Contractor and Mailing Address	Contact Person and Phone Number	Contract Amount	Date Completed

What is your expected annual volume for the coming year? _____ Expected net profit? _____

Provide a brief description and purpose of inventory shown on financial statement. _____

Do any financial statements make reference to real estate owned other than buildings used to house the construction company? Yes No If yes, briefly describe. _____

Have changes occurred since statement date that would significantly affect financial constriction of contractor such as acquisition of additional equipment, purchase of fixed assets, loans to officers, investments, withdrawals or dividends?

Yes No If yes, briefly describe. _____

Largest previous job? \$ _____ Year: _____

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How many projects do you normally have underway at any one time? _____

What is the largest project your company can handle? \$_____

What is the largest amount of work on hand your company can handle? \$_____

The following questions pertain to the latest uncompleted work on hand. Explain any "Yes" answers.

Are any more than 10% low? Yes _____ No _____

Are any projects behind schedule? Yes _____ No _____

Are there any delays or disputes? Yes _____ No _____

Any in penalty? Yes _____ No _____

How much of your equipment is: Owned: _____% Leased: _____%

Are any mechanics liens, judgments, lawsuits or claims pending on completed or uncompleted work?

Yes ____ No ____ If yes, give details. _____

North Risk Partners and its sureties are authorized to verify any information contained herein, including but not limited to my credit and employment history and to request, obtain and use my credit information in the processing of my/our company's application.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS.

Date: _____ Construction company name: _____

Sign here: _____ Printed name: _____