

Spataro Insurance Agency Inc.
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CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____ Federal I.D.# _____

2. Address: _____ 3. Fiscal Yr. End _____

(city)

(state)

(zip)

4. Phone: () _____ 5. Contracting Specialty: _____

6. Contact Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business: • Corp. • Part. • Prop. • Sub.S.
Corp.

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

12. List the corporate officers, partners, or proprietors of your firm:

	<u>Name</u>	<u>Yr. Of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>	<u>Social Security#</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

13. Will the above individuals and spouses personally indemnify Surety? • Yes • No
If no, explain:

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

15. Is this agreement funded by life insurance? • Yes • No

16. Contractor's Fax# _____ 17. Contractor's Federal Express# _____

18. How many people does your firm employ? _____ 19. How many work crews? _____

20. 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 yes, please explain: _____

21. Is your firm or any of its owners or officers currently involved in any litigation?
• Yes • No If yes, explain: _____

22. What percentage of the firm's work is normally for:
Government Agencies _____% Private Owners _____%
23. What percentage of the firm's work is normally subcontracted? _____%
24. Are bonds required of subs? • Yes • No
25. What trades do you normally subcontract? _____
26. What is the largest amount of uncompleted work on hand at one time in the past?
Amount: \$ _____ Year: _____
27. What is the largest job you expect to do during the next year? \$ _____
28. What is the largest uncompleted work program expected during the next year?
\$ _____.
29. What is your expected annual volume next year? \$ _____
30. What trades do you normally undertake with your own forces? _____
_____ 31. SIC Code: _____
32. Do you lease equipment? • Yes • No 33. Type of Lease? _____
34. What are the terms of the lease? _____

35. Name of your CPA: _____
Address: _____
Phone: _____ Contact Person: _____
36. On what basis are taxes paid? • Cash • Completed Job • Accrual • % of Completion
37. On what basis are financial statements prepared? • Cash • Completed Job • Accrual
• % of Completion
38. On what level of assurance are financial statements prepared? • CPA Audit
• Review • Compilation
39. How often are financial statements prepared? • Annually • Semi-annually
• Quarterly • Monthly
40. Do you have a full time accountant on staff? • Yes • No
41. Yrs. Of Experience: _____ 42. Are job cost records kept? • Yes • No

43. How often reviewed? _____ 44. How often updated? _____

45. Do they show job detail? • Yes • No 46. Frequency? _____

47. Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration date: _____

50. What is interest rate? _____ % 51. UCC Filing? • Yes • No

52. How is credit secured? _____

53. Is your firm union? • Yes • No 54. What is firm's Dun & Bradstreet Number? _____

55. D & B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:

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

59. 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>
A.	_____	_____	\$ _____	_____	Yes No
	Owner: _____	Contact _____	Phone Number _____		
B.	_____	_____	\$ _____	_____	Yes No
	Owner: _____	Contact _____	Phone Number _____		
C.	_____	_____	\$ _____	_____	Yes No
	Owner: _____	Contact _____	Phone Number _____		
D.	_____	_____	\$ _____	_____	Yes No
	Owner: _____	Contact _____	Phone Number _____		
E.	_____	_____	\$ _____	_____	Yes No

60. List five of your major suppliers:

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

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

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

D. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

E. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

62. List three Architects you have done business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

63. List key personnel, foremen, or supervisors:

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

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

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

65. List other insurance coverage currently in effect:

	<u>Limits in '000's</u>		Carrier	Expiration Date
	BI	PD		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

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

	Firm Name	Ownership	Type Business	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

Remarks: _____

Completed by: _____
Title: _____
Date: _____