

CONTRACTOR'S QUESTIONNAIRE

NAME OF FIRM:				TEL NUMBER:	
ADDRESS:				FAX NUMBER:	
CITY:	PROVINCE:	POSTAL CODE:	TYPE OF BUSINESS: <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Partnership	EMAIL:	
CLASS OF CONTRACTOR: <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Subcontractor <input type="checkbox"/> Highway <input type="checkbox"/> Builder <input type="checkbox"/> Specialty <input type="checkbox"/> Other (Please Explain)					
CORPORATE OFFICERS-PARTNERS-PROPRIETERS				% OF STOCK	NAME OF SPOUSE (in full including middle initials)
NAME (in full including middle initials)		AGE:	POSITION:		
WILL ALL OF THE ABOVE AND THEIR SPOUSES PERSONALLY INDEMNIFY SURETY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:					

KEY PERSONNEL

COMPLETE LAST PAGE OR ATTACH RESUME OF EACH PERSON, INCLUDING THOSE LISTED ABOVE. OUTLINE AGE, PRINCIPAL DUTIES, EDUCATION, EXPERIENCE, TYPE OF WORK, LARGEST JOBS, POSITIONS HELD AND ALL PREVIOUS EMPLOYERS.
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? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES PLEASE EXPLAIN FULLY:
IS YOUR ORGANIZATION PRESENTLY INVOLVED IN ANY LITIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:
HAVE YOU BEEN PREVIOUSLY BONDED? STATE NAME OF SURETY AND REASON FOR CHANGE:
LIST ANY SUBSIDIARIES OR AFFILIATED COMPANIES – EXACT NAME, TYPE OF BUSINESS, OWNERSHIP, ADDRESS AND BRANCH OFFICES:
WHAT TYPE OF WORK DO YOU NORMALLY UNDERTAKE?
WHAT PORTION OF YOUR WORK IS NORMALLY FOR: GOVERNMENT AGENCIES _____% PRIVATE OWNERS _____%
WHAT IS YOUR GEOGRAPHICAL OPERATION AREA?
ON THE AVERAGE, WHAT PORTION OF YOUR WORK IS SUB-CONTRACTED? _____% DO YOU NORMALLY REQUIRE BONDS OF YOUR SUBS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:
DO YOU ENGAGE IN JOINT VENTURES? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, LIST FIRMS YOU HAVE JOINT VENTURED WITH WITHIN PAST 5 YEARS
DO YOU HAVE THE NECESSARY EQUIPMENT TO PERFORM ANTICIPATED JOB/PROGRAM? <input type="checkbox"/> YES <input type="checkbox"/> NO (IF NO, EXPLAIN) DO YOU LEASE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, GIVE TERMS OF LEASE AND PROVIDE COPIES

WHEN IS YOUR FISCAL YEAR-END?	ON WHAT BASIS ARE TAXES PAID? ___ COMPLETED JOB? ___ ACCRUAL ___ % OF COMPLETION ___ CASH		
ON WHAT BASIS ARE THE FINANCIAL STATEMENTS PREPARED? ___ CASH ___ COMPLETED CONTRACT ___ ACCRUAL ___ % OF COMPLETION			
WHO PREPARED YOUR STATEMENTS? ___ CA/CGA ___ PUBLIC ACCOUNTANT ___ STAFF ACCOUNTANT ___ OWNER			IF CA/CGA PREPARED, ARE THEY AUDITED? ___ YES ___ NO
WHO IS YOUR CA/CGA FIRM AND CONTACT?			TEL NUMBER(S):
WHEN ARE STATEMENTS PREPAID? ___ YEAR END ___ OTHER	DOES YOUR OFFICE STAFF INCLUDE A FULL TIME ACCOUNTANT? ___ YES ___ NO		HOW LONG HAS HE/SHE BEEN EMPLOYED BY YOU?
ARE INDIVIDUAL JOB COST RECORDS PREPARED? ___ YES ___ NO IF YES HOW OFTEN ARE THEY UPDATED?			
NAME AND ADDRESS OF BANK			TEL NUMBER(S)
WHAT IS THE TOTAL LINE OF CREDIT?	HOW SECURED?	INTEREST RATE?	LOAN OFFICER
HOW MUCH OF YOUR LINE IS CURRENTLY AVAILABLE?		FURNISH BANK LETTER SETTING FORTH LINE	
WHEN WAS YOUR BUSINESS STARTED?		WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND AT ANY ONE TIME? AMOUNT \$ _____ YEAR _____	

LIST 5 LARGEST CONTRACTS COMPLETED BY YOUR COMPANY

JOB	CONTRACT PRICE	DATE COMPLETED

LIST 5 LARGEST CONTRACTS COMPLETED BY YOUR COMPANY

NAME	ADDRESS	TEL NUMBER	CREDIT MANAGER

AT PRESENT YOUR FIRM IS: ___ DISCOUNTING BILLS ___ PAYING IN 30 DAYS ___ 30 TO 60 DAYS ___ OVER 60 DAYS ___ SPECIAL TERMS

LIST 5 SUBCONTRACTORS (CONTRACTORS, IF YOU ARE A SUBCONTRACTOR) WITH WHOM YOU HAVE WORKED IN THE LAST 2 YEARS

NAME	ADDRESS	TEL NUMBER

LIST 3 ARCHITECTS OR ENGINEERS WHO HAVE SUPERVISED YOUR WORK IN THE PAST YEAR

ARCHITECT/ENGINEER	ADDRESS	OWNER/PROJECT

LIST ANY "KEY MAN" INSURANCE CARRIED

NAME	AMOUNT	ISSUING COMPANY	SURRENDER VALUE

LIST OTHER INSURANCE COVERAGES IN EFFECT

COVERAGE	LIMITS	ISSUING COMPANY

WHAT HAS BEEN YOUR INSURANCE CLAIMS EXPERIENCE OVER THE LAST 3 YEARS?
 GENERAL LIABILITY? _____ AUTO? _____ EQUIPMENT FLOATER _____

BELL DAVIDSON WOULD LIKE AN OPPORTUNITY TO QUOTE ON YOUR INSURANCE, WHO SHOULD WE CONTACT AND WHEN?

IS YOUR OPERATION? UNION NON UNION

WHAT SIZE PROJECT AND BACKLOG DO YOU FEEL YOUR ORGANIZATION CAN UNDERTAKE?

SINGLE JOB \$ _____ TOTAL UNCOMPLETED PROGRAM \$ _____

PREPARED BY:	POSITION
SIGNATURE:	DATE

PLEASE PROVIDE YOUR LAST THREE YEAR-END FINANCIAL STATEMENTS AND CURRENT INTERIM FINANCIAL STATEMENT. IF CERTIFIED AUDITS WERE NOT PREPARED, THE LAST YEAR-END BALANCE SHEET MUST BE SUPPLEMENTED WITH COMPLETE SCHEDULE OF BANKS, ACCOUNTS RECEIVABLE AND PAYABLE, NOTES RECEIVABLE AND PAYABLE, INCLUDING ADDRESSES.

COMPLETE THE ATTACHED "SHEDULE OF WORK IN PROGRESS" FORMS AS OF THE LAST FISCAL YEAR END AND CURRENT DATE.

