



**AMERICAN
PATRIOT**
INSURANCE AGENCY, INC

Two Westbrook Corporate Center
Suite 1000
Westchester, IL 60154
800-894-9091

SURETY SOLUTIONS
FOR THE PROFESSIONAL CONTRACTOR

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ 3. Fiscal Year End _____

City _____ State _____ Zip _____

4. Phone: _____ 4a. Fax: _____

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: _____

	Name	Yr. of Birth	Position	Percent Owned	Name of Spouse
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. Corp. Indemnity? Yes No

17. Cross/Corp Indemnity? Yes No

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

CONTRACTOR QUESTIONNAIRE

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 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 Accural % of Completion

37. On what basis are financial statements prepared? Cash Completed Job Accural % 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

CONTRACTOR QUESTIONNAIRE

40. Do you have full time accountant on staff? Yes No 41. Yrs. 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. 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: _____

58. Previous Bond Companies

Name	Reason for Leaving
A. _____	_____
B. _____	_____
C. _____	_____

59. List five of your largest contracts:

Job Name	Contract Price	Gross Profit	Completion Date	Bonded?
A. _____	_____	\$ _____	_____	Yes No
Owner: _____ Design Professional: _____				
B. _____	_____	\$ _____	_____	Yes No
Owner: _____ Design Professional: _____				
C. _____	_____	\$ _____	_____	Yes No
Owner: _____ Design Professional: _____				
D. _____	_____	\$ _____	_____	Yes No
Owner: _____ Design Professional: _____				
E. _____	_____	\$ _____	_____	Yes No
Owner: _____ Design Professional: _____				

CONTRACTOR QUESTIONNAIRE

60. List five of your major suppliers

Name	Address	Telephone	Contact
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

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

- 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: _____

CONTRACTOR QUESTIONNAIRE

62. 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: _____