



Contractor’s Questionnaire

1. Name of Company: _____

Address: _____ Postal Code: _____ Telephone No: _____

2. When was business started? _____ When incorporated? _____

3. Type of Contractor, i.e., General Building Contractor • Paving • Electrical, etc. If more than one type, list all and give approximate percentage of annual sales applicable to each: _____

4. In what geographical area? _____

5. List all Corporate Officers – Proprietor – Partners – Shareholders – Directors

Full Name (including initials)	Age	Position	Held Since	% Stock Ownership	Years of Const. Experience

6. Key Personnel – (Principals, Engineers, Estimators, Superintendents, Foremen, etc.)

Name	With Co. Since	Position	Age	Years of Const. Experience

Attach resume for each person outlining education, experience and specifying type of work handled, previous employers and positions held.

7. Have there been any changes in the control or management of the company in the past three years?
☐ Yes ☐ No If yes, please explain fully. _____

8. Does your company have one or more related companies? ☐ Yes ☐ No If yes, please state name, address, type of business and share ownership and attach copy of latest available fiscal year-end financial statement for each company: _____

9. Are any of the persons named in (5) above or their spouses, engaged in any other business or businesses?
☐ Yes ☐ No If yes, please state name, type of business and share ownership and attach a copy of the latest available year-end financial statement for each such company. _____

10. Is this company, a related company, or any of the persons named above or their spouses engaged:

in a joint venture	<input type="checkbox"/> Yes <input type="checkbox"/> No	in contracts lasting more than 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
in a foreign venture	<input type="checkbox"/> Yes <input type="checkbox"/> No	in turn key propositions	<input type="checkbox"/> Yes <input type="checkbox"/> No
in land or property speculation	<input type="checkbox"/> Yes <input type="checkbox"/> No	in design work	<input type="checkbox"/> Yes <input type="checkbox"/> No
in real estate development	<input type="checkbox"/> Yes <input type="checkbox"/> No	as a subdivider	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. On the average, what portion of you work is subcontracted? _____

Do you normally require bonds from subcontractors? ☐ Yes ☐ No If no, explain _____

12. Name and address of bank: _____

Telephone No: _____ With bank since: _____
What is authorized operating line of credit? _____
How much is presently in use? _____
How secured? _____
What other loans do you have? _____
Amount outstanding: _____ Annual repayment: _____ How securedA _____

13. When is your fiscal year end? _____

14. On what basis are financial statements prepared?

☐ Completed Contract
☐ Percent of completion
☐ Other, please specify _____

15. Who is your auditing firm and contact? _____

16. Are individual job cost records prepared? ☐ Yes ☐ No If yes, how often are they updated? _____

Reviewed? _____

17. Does your office staff include a full time accountant/bookkeeper? ☐ Yes ☐ No

18. When are interim financial statements prepared? _____

19. At present, your company is:

☐ Discounting Bills
☐ Paying in 30 days
☐ 30-60 days

☐ 60-90 days
☐ Over 90 days
☐ Special Terms (explain)

20. Do you have one or more accounts receivable or hold-backs of any consequence which are overdue or doubtful? ☐ Yes ☐ No If yes, give details and amounts: _____

21. Do you at present have any hold-backs which are not due within 12 months? ☐ Yes ☐ No If yes, state amount \$ _____ and when due _____

22. Have any of your accounts receivable, hold-backs or notes been assigned, pledged, sold or discounted?
☐ Yes ☐ No If yes, give details _____

23. Have you or any related Company purchased any equipment or other assets since your last fiscal year end?
☐ Yes ☐ No If yes, indicate: (if more than one use a separate sheet of paper)

a) type of asset
b) total purchase price
c) down payment

d) monthly payments
e) name of tender
f) term

24. Do you or any related Company contemplate purchasing, in the next 12 months, any equipment or other fixed assets? ☐ Yes ☐ No If yes, give full details: (if more than one use a separate sheet of paper)

a) type of asset
b) total purchase price
c) down payment

d) monthly payments
e) name of tender
f) term

25. Have you or any related Company since the last fiscal year end, constructed, or do you contemplate building or acquiring or having constructed in the next 15 months, a building, shop or plant for your own use or an extension of your present one? ☐ Yes ☐ No If yes, give full details: _____

26. What is the estimated market value of your fixed assets? _____

27. Is your company acting as Guarantor, Indemnitor, Bondsman or Surety for other or as endorser on their notes of account? ☐ Yes ☐ No If yes, please give details: _____

28. List your present five suppliers.

Name	Address	Postal Code

29. List five subcontractors (contractors, if you are a subcontractor) with whom you have worked in the last two years.

Name	Address

30. List three architects or engineers who have supervised your work in the past year.

Name	Address	Owner/Project

31. List the five largest contracts completed by your company.

Owner – nature of work and location	Contract Price	Owner/Project

32. What is the largest amount of uncompleted work on hand at any one time in the past?

Amount: \$ _____ Year: _____

33. What maximum size contract in each of the types of work you do, do you think your company is best qualified to handle?

Type:	Type:	Type:
Amount:	Amount:	Amount:

34. What work program do you feel your organization is qualified to undertake: _____

a) Total program any one time - _____

b) During the next 12 months - _____

35. Is your operation ☐ Union ☐ Non-Union

Duration of union contracts* _____ When does the present contract expire _____?

Do you pay union wages? ☐ Yes ☐ No

36. To what extent does management control and supervise individual jobs?

- | | | |
|-------------------------------------|--|---|
| <input type="checkbox"/> Daily | <input type="checkbox"/> Weekly | <input type="checkbox"/> Monthly |
| <input type="checkbox"/> Personally | <input type="checkbox"/> Through reports | <input type="checkbox"/> Other (please specify) |

37. Has your company or any of its principals ever failed in business, defaulted on a contract or compromised with creditors or caused a loss to a Surety ☐ Yes ☐ No If yes, please explain fully _____

38. Are there any liens for labour or materials filed against you anywhere? ☐ Yes ☐ No If yes, please explain fully and give amounts: _____

39. Are there any judgements, suits or claims outstanding against your Company, its officers or any company of either? ☐ Yes ☐ No If yes, please explain: _____

40. Are others disputing any work which you did or failed to do or any account which you presented to them? ☐ Yes ☐ No If yes, please explain fully and give amounts: _____

41. Are there any liens for labour or materials filed by you against a third party? ☐ Yes ☐ No If yes, please explain fully and give amounts: _____

42. Are you disputing any work which was done for you or accounts which were presented to you? ☐ Yes ☐ No If yes, please give full details and amounts: _____

43. If you have previously bonded, state name of present Surety: _____

How long with present Surety and reason for change? _____

Has application for Suretyship ever been declined? ☐ Yes ☐ No If yes, please explain fully: _____

44. List any “Key Man” insurance carried – Life Insurance and Accident, Sickness and Disability

Insured	Amount	Issuing Company	Beneficiary

45. List of insurance coverage in effect:

Coverage	Yes	No	Limits	Insurance Company	Coverage	Yes	No	Limits	Insurance Company
Property	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Automobile	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Liability	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Stock	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Completed Ops	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Installation Floater	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Non-owned Auto	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Builder’s Risk	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Umbrella	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
C.O.C.	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	Fidelity	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Windstorm	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____					

The Undersigned hereby represents that the above statements are true and authorizes the Bank and other references to verify the correctness of the statements.

Prepared for the company by: _____

Position: _____

Signature: _____

Date: _____

Agent _____

- Attached to this presentation should be:
- a) Last three fiscal year end statements and any recent interim statement of applicant and of all related companies whether active or not.
 - b) Personal financial statements of all shareholders and financial statements of their other companies whether active or not.
 - c) Purpose and description of operations of each of the related or privately owned companies whether active or not.
 - d) Current job progress report and job progress report as of latest financial year end.
 - e) A letter from your bank stating your operating line of credit, the amount presently in use and the security held.
 - f) Resumes on key personnel.