



**J. D. Kutter Insurance Associates, Inc.**

800 Market St. – 18<sup>th</sup> Floor  
St. Louis, MO 63101  
Phone: (314) 657-2959 - Fax: (314) 657-2970

**CONTRACTOR QUESTIONNAIRE**

www.nasbp.org/toolkit



**BUSINESS INFORMATION**

Name of Firm: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Site: http:// \_\_\_\_\_

State of Incorporation: \_\_\_\_\_ Year Started: \_\_\_\_\_

Tax ID: \_\_\_\_\_ Is your firm union?  Yes  No

Contracting Specialty: \_\_\_\_\_

Area(s) of Operation: \_\_\_\_\_

Type of Business  C-Corp.  Sub S. Corp.  Part.  Prop.  LLC

**OFFICER INFORMATION**

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

<u>Legal Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Legal Name of Spouse</u>	<u>Spouse SSN</u>
1. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____		
2. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____		
3. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____		
4. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____		
5. _____	____ / ____ / ____	_____	_____	_____
<i>Position:</i> _____	<i>Percent Owned:</i> _____	<i>Home Address:</i> _____		

Will the above individuals and spouses personally indemnify Surety?  Yes  No (*explain below*)

If No, explain: \_\_\_\_\_

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

Is this agreement funded by life insurance?  Yes  No

## BUSINESS DETAILS

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? If so, please attach explanation.  Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation.  Yes  No

What percentage of the firm's work is normally for:

Government Agencies \_\_\_\_\_

Private Owners \_\_\_\_\_

What trades do you normally undertake with your own forces? \_\_\_\_\_

What percentage of the firm's work is normally subcontracted to others? \_\_\_\_\_

What trades do you normally subcontract? \_\_\_\_\_

What is your sub bonding policy? \_\_\_\_\_

What was your largest uncompleted backlog? Amount: \$ \_\_\_\_\_ Year: \_\_\_\_\_

What is the largest job you expect to do during the next year? \_\_\_\_\_

What is the largest backlog expected next year? \_\_\_\_\_

What is your expected annual volume? \_\_\_\_\_

Do you lease equipment?  Yes  No Type of lease: \_\_\_\_\_

What are the terms of the lease? \_\_\_\_\_

## FINANCIAL INFORMATION

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

How often are internal financial statements prepared?  Annually  Semi-Annually  Quarterly  Monthly

Do you have a full time accountant on staff?  Yes  No Professional designations: \_\_\_\_\_

What accounting software do you use? \_\_\_\_\_

What estimating software do you use? \_\_\_\_\_

What job cost software do you use? \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Line of Credit: \$ \_\_\_\_\_ Expiration: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

## EXPERIENCE & REFERENCES

### Previous Bonding Companies:

Name:

Reason for Leaving:

1.	_____	_____
2.	_____	_____
3.	_____	_____

### List five of your largest contracts:

Job Name:

Contract Price:

Gross Profit:

Completion Date:

Bonded?

1.	_____	_____	_____ / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:	_____	_____	Phone Number: _____	
2.	_____	_____	_____ / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:	_____	_____	Phone Number: _____	
3.	_____	_____	_____ / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:	_____	_____	Phone Number: _____	
4.	_____	_____	_____ / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:	_____	_____	Phone Number: _____	
5.	_____	_____	_____ / /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact:	_____	_____	Phone Number: _____	

### List five of your major suppliers:

Name

Telephone

Contact

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

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

Name

Telephone

Contact

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

### List three specialty trades you have done business with:

Name

Telephone

Contact

1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

### KEY PERSONNEL

*List additional personnel key to your operations:*

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

### LIFE INSURANCE INFORMATION

*List any life insurance in effect on officers or key personnel:*

Name	Beneficiary	Amount	Insurance Company
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

### BUSINESS INSURANCE INFORMATION

*Provide information on your business insurance:*

Name of insurance broker/agency? \_\_\_\_\_

Agent's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Fax: \_\_\_\_\_ Phone: \_\_\_\_\_

### SUBSIDIARIES AND AFFILIATES

*List any subsidiaries and affiliates of the contracting firm:*

Firm Name	Ownership	Type of Business	Cross/Corp. Indemnity?	
1. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Remarks: \_\_\_\_\_

**Attachments:**

- Copies of the last three fiscal financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current financial statement for all indemnitores
- Bank Line of Credit Agreement
- Business Plan
- Buy Sell Agreement
- Specimen Copy of Subcontract Agreement
- Certificate of Insurance
- Resumes of Owners/Key Employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below:

**Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.**

**This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.**

Name of Firm: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Additional Remarks: