

Contractor \_\_\_\_\_ Proprietorship \_\_\_\_\_  
 LLC \_\_\_\_\_  
 Corporation \_\_\_\_\_

Address \_\_\_\_\_  
 Incorporated in what state? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

**OWNERS & SPOUSES:**

Legal Name	Title	DOB	% of Ownership	SS No.	Indemnity Available? Yes or No

Any owner ever defaulted on contract? (Yes or No) \_\_\_\_\_ If Yes, attach an explanation.

Business started: \_\_\_\_\_ Date incorporated if corporation: \_\_\_\_\_

**If Sub**, Your Specialty: \_\_\_\_\_

**If GC**, what portion do you do ? (i.e., carpentry, flatwork, etc.)

% usually subbed \_\_\_\_\_ % you do yourself \_\_\_\_\_ % you bond \_\_\_\_\_ Do you bond subs? \_\_\_\_\_

What is your territory? \_\_\_\_\_

Subsidiaries or affiliates? (Y or N) \_\_\_\_\_ **IF YES, PLEASE PROVIDE NAME & DESCRIBE BUSINESS SPECIALTY, OWNERSHIP, PURPOSE, AND ATTACH A CURRENT FINANCIAL STATEMENT.**

Are Bonds Needed? \_\_\_\_\_

---

---

**KEY PERSONNEL (ATTACH RESUME IF AVAILABLE):**

Name	Position	Age	Experience
1.			
2.			
3.			
4.			
5.			
6.			

---

---

**LARGEST JOBS COMPLETED DURING PAST 5 YEARS**

Contract Amount	Year	Profit	Job Description	Architect, Engineer or Owner

---

---

**SURETY NEEDS AND GENERAL INFORMATION**

**Present Surety** \_\_\_\_\_ **Agent** \_\_\_\_\_

**Time w/Surety** \_\_\_\_\_ **w/Agent** \_\_\_\_\_

Has contractor ever been declined by a surety? \_\_\_\_\_ If YES, explain separately in FULL detail.

Has contractor ever defaulted on contract? \_\_\_\_\_ If YES, explain separately in FULL detail.

**Present Surety need, Single Job Amount?** \_\_\_\_\_ **Total Program Backlog?** \_\_\_\_\_

**Are you Unionized?** Yes or No \_\_\_\_\_

**Union Utilized:** \_\_\_\_\_ **Contract expires:** \_\_\_\_\_

---

---

**INSURANCE:**

Liability limit basic \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Exp. \_\_\_\_\_  
Worker's Compensation (statutory) Carrier \_\_\_\_\_ Exp. \_\_\_\_\_  
Equipment Schedule \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Exp. \_\_\_\_\_

**LIFE INSURANCE & BENEFICIARIES ON KEY PERSONNEL:**

Insured	Beneficiary	Amount	Carrier

Is Buy-Sell Agreement in effect? \_\_\_\_\_ If so, please attach. If not, will one be considered? \_\_\_\_\_

---

---

**ACCOUNTING:**

What method of accounting was used to prepare your financial statement?  
Please indicate which by marking with an X

**Cash:** \_\_\_\_\_ **Accrual:** \_\_\_\_\_ **% of Completion:** \_\_\_\_\_ **Completed Contract:** \_\_\_\_\_

What level of preparation is used?

**Audit?** \_\_\_\_\_ **Review?** \_\_\_\_\_ **Compilation?** \_\_\_\_\_

Have you been audited by the IRS? \_\_\_\_\_ If so, When and with what result? \_\_\_\_\_

Accountant's Name: \_\_\_\_\_ CPA? \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

---

---

**CREDIT REFERENCES (MAJOR SUPPLIERS):**

Name	Address	City	Phone

Does contractor principally Buy or Lease equipment? \_\_\_\_\_ Any plans to buy more equipment? \_\_\_\_\_

If yes, what is needed? \_\_\_\_\_

---

---

**BANKING**

Business Banking: \_\_\_\_\_  
Name Address  
Phone Contact

Line of Credit: \_\_\_\_\_ Secured By: \_\_\_\_\_ Line Expires: \_\_\_\_\_

---

---

**REFERENCES: ARCHITECTS/ENGINEERS/OWNERS FOR WHOM CONTRACTOR HAS WORKED:**

Firm name (contact)	Address/Phone	Job Reference

**PLEASE ATTACH THE FOLLOWING:**

- 1. BUSINESS FINANCIAL STATEMENTS FOR THE PAST 3 FISCAL YEARS.**
- 2. CURRENT INTERIM BUSINESS FINANCIAL STATEMENT IF FYE IS MORE THAN 4 MONTHS AGO.**
- 3. PERSONAL FINANCIAL STATEMENTS FOR ALL OWNERS.**
- 4. CURRENT WORK IN PROCESS REPORT.**
- 5. BANK REFERENCE LETTER INCLUDING AVERAGE BALANCES, LINE OF CREDIT & EXPERIENCE**
- 6. SCHEDULE OF A/R'S AND A/P'S TO SUPPORT LATEST FISCAL & INTERIM FINANCIAL STATEMENTS.**