

## CONTRACTOR'S SURETY SURVEY

DATE: \_\_\_\_\_

NAME \_\_\_\_\_ PHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_ FAX \_\_\_\_\_

Corporation  
 Partnership  
 Limited Partnership  
 Proprietorship

### I. ORGANIZATION AND BACKGROUND

A. Date business formed \_\_\_\_\_ B. Date incorporated \_\_\_\_\_

C. If SUCCESSOR to prior business, name of predecessor organization: \_\_\_\_\_

D. List of officers and key personnel **(attach resumes)**

NAME <small>Add spouse's full name</small>	POSITION AND RESPONSIBILITY	AGE	PERCENT OWNERSHIP	YEARS IN CONSTRUCTION	YEARS WITH COMPANY	SOCIAL SECURITY NUMBER <small>Add spouse's SS#</small>

E. List of affiliated, subsidiary or related companies in which this firm or its stockholders have an interest

NAME & ADDRESS	STOCK OWNERSHIP	TYPE OF BUSINESS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

F. Name surety company presently providing contract bonds and through which agency.  
 \_\_\_\_\_

G. If change desired, why? \_\_\_\_\_  
 \_\_\_\_\_

H. What company (companies) was surety prior to present one? (Indicate years.) \_\_\_\_\_  
 \_\_\_\_\_

I. State limits and carrier of liability, property and compensation insurance. \_\_\_\_\_  
 \_\_\_\_\_

**II. SCOPE OF OPERATION**

A. Type of construction engaged in:

- |                                     |                                     |                                      |                                      |                                        |
|-------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|----------------------------------------|
| <input type="checkbox"/> General C. | <input type="checkbox"/> Electrical | <input type="checkbox"/> Sewer       | <input type="checkbox"/> Roofing     | <input type="checkbox"/> Masonry       |
| <input type="checkbox"/> HVAC       | <input type="checkbox"/> Excavating | <input type="checkbox"/> Water Lines | <input type="checkbox"/> Painting    | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Plumbing   | <input type="checkbox"/> Concrete   | <input type="checkbox"/> Paving      | <input type="checkbox"/> Bridge Work | <input type="checkbox"/> Other _____   |

B. Geographical area \_\_\_\_\_

C. Percentage of work done as: 1. Prime C. \_\_\_\_\_ % Percentage of work bonded: \_\_\_\_\_ %

2. Subcont. \_\_\_\_\_ % Percentage of work public \_\_\_\_\_ % private \_\_\_\_\_ %

D. How much of an average job is: 1. Sublet \_\_\_\_\_ % 2. Made up of materials \_\_\_\_\_ %

E. Are bonds required from subcontractors?  Yes  No When? \_\_\_\_\_

F. What is the largest work on hand handled in the past year? \_\_\_\_\_ All time? \_\_\_\_\_ Year: \_\_\_\_\_

G. What size contracts do you think your organization is best able to handle? \_\_\_\_\_

How many? \_\_\_\_\_

H. Are you a union or non-union contractor? \_\_\_\_\_

I. List of largest jobs the firm has completed.

CONTRACT PRICE	DESCRIPTION OF JOB	YEAR COMPLETED	BONDED?	OWNER OR GENERAL CONTRACTOR Include Phone & Fax No.	NAME AND ADDRESS OF ARCHITECT/ENGINEER Include Phone & Fax No.

J. Has contractor or any of the owners ever:

1. Defaulted on a contract?  Yes  No If yes, give details \_\_\_\_\_

2. Caused a surety to pay a loss?  Yes  No If yes, give details \_\_\_\_\_

3. Petitioned for bankruptcy?  Yes  No If yes, give details \_\_\_\_\_

K. Is this organization presently engaged in any litigation  Yes  No If yes, explain \_\_\_\_\_

L. With respect to present work on hand: (Attach current W.O.H. form.)

1. Were bids in line with other bidders?  Yes  No If not, give details \_\_\_\_\_

2. Are projects all on schedule?  Yes  No If not, give details \_\_\_\_\_

3. Are any of the jobs in dispute?  Yes  No If yes, give details \_\_\_\_\_

M. Is equipment adequate for work program desired?  Yes  No If not, what expenditures are anticipated? \_\_\_\_\_

**III. CREDIT INFORMATION**

A. Suppliers: List principal suppliers

NAME	STREET ADDRESS	CITY & STATE	PHONE	FAX

1. Are you presently:  Discounting Bills \_\_\_\_\_%  Paying in 30 Days \_\_\_\_\_%  Paying in 30-60 Days \_\_\_\_\_%  Paying Over 60 Days \_\_\_\_\_%
2. If not Ppt/30, please explain \_\_\_\_\_

B. Bank

NAME & ADDRESS	PHONE	FAX	BANK OFFICER	LINE OF CREDIT	AMOUNT PRESENTLY AVAILABLE	NATURE OF SECURITY

C. Accountant

Name \_\_\_\_\_ Address \_\_\_\_\_  
 Person to be contacted \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

**IV. FINANCIAL DATA**

ATTACH WORK ON HAND STATEMENT, PERSONAL FINANCIAL STATEMENTS ON ALL OWNERS.  
 ATTACH LAST 3 FISCAL YEAR-END FINANCIAL STATEMENTS.  
 IF STATEMENTS ARE NOT AUDITED, PLEASE INCLUDE WITH THE LAST YEAR END STATEMENT SUPPORTING SCHEDULES OF ACCOUNTS RECEIVABLE AND PAYABLE AND SCHEDULE OF BANK ACCOUNTS.

A. Date of organization's year end \_\_\_\_\_

B. What method of accounting is used in preparing statements? \_\_\_\_\_

- % of Completion       Completed contract       Simple accrual       Cash

C. On what basis of accounting are taxes paid? \_\_\_\_\_

- % of Completion       Completed contract       Simple accrual       Cash

D. Have stockholders elected to be considered a "Sub Chapter 'S' Corporation?"       Yes     No

E. In what year was contractor last checked by I.R.S.? \_\_\_\_\_

F. Is personal indemnity of the owners/stockholders available?       Yes     No

(Attach personal financial statements of indemnitors concurrent with fiscal year end of contractor)

G. Life insurance in force

NAME	CARRIER	BENEFICIARY	AMOUNT	SURRENDER VALUE

H. Is a buy-sell agreement in effect?

Yes  No If yes, attach copy.

If buy-sell agreement is not available, what are buy-out provisions? \_\_\_\_\_

How is the continuity of the business to be funded? \_\_\_\_\_

I. Have operations been profitable since last statement date?

Yes  No

J. How frequently are job costs reviewed? \_\_\_\_\_ By whom? \_\_\_\_\_

K. Have any changes occurred since last statement date such as purchase of additional equipment or other fixed assets, loans to officers, investments, withdrawals or dividends that would significantly affect the financial condition?

Yes  No

L. Are any new ventures contemplated?

Yes  No

**V. SURETY CREDIT NEEDS**

A. Desired annual sales volume: \_\_\_\_\_ 3 years from now: \_\_\_\_\_

B. Desired maximum uncompleted work-on-hand at any one time: \_\_\_\_\_ 1 year from now: \_\_\_\_\_

C. Desired maximum single job size: \_\_\_\_\_ 1 year from now: \_\_\_\_\_

The information given above is true to the best of my knowledge and belief.

By \_\_\_\_\_

Title \_\_\_\_\_