

Bryant SURETY BONDS, INC.

Phone: (866) 450 3412 Fax: (866) 450 3414
 73 Old Dublin Pike - Suite 10 #306 - Doylestown, PA 18901

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:

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>
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? _____

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 Accrual % of Completion

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

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. What is 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: _____

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 _____

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: _____