

Sioux Munyon Insurance Services

9019 Park Plaza Dr. #AA, La Mesa CA 91942

Phone: (619) 463-2773 Fax: (619) 463-2770

CONTRACTOR'S QUESTIONNAIRE

Contractor _____ Proprietorship _____
 LLC _____
 Corporation _____

Address _____
 Incorporated in what state? _____

City _____ State _____ Zip _____ Contractor's Lic. No: _____

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	Contact-Name, Tel, Email

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: _____

- 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.**