CONTRACTOR'S QUESTIONNAIRE

HISTORY

	Name of Firm						
2.	Street Address City						
	City	State		. Zip			
3.	Phone	Fax			 		
	Federal Tax ID No						
5.	Year Business Started			 			
6.	Year Business Started Type of Business: Propriete	or Partner	Co	orp	Sub s		
7.					_		
8.	Date present management	assumed control					
9.	Contract Specialty						
10.	Market area						
11.		Yr. Of Birth	Pos	ition 			
12.	List any other companies or affiliates of the contacting firm in which this Firm or stockholders have an interest:						
	Firm Name	% Owne	ership	Туре	of Business		
13.	List all Indemnitors below (Name	business and persona		Social Securi	•		
14.	Is there a buy/sell agreeme	ent among the owners	of the busin	ess?	Yes No		
15.	How is the buy/sell agreem	ent funded?					
16.	Is there any trust agreemen	nt in effect, which nov	hold, or will	hold at some	e future date,		
	any of the company's stock	or assets?	If s	so, please att	ach a copy.		
ORG	ANIZATION AND WORK PO	OGRAM					
	How many people does yo						
	How many work crews?						
19.	List key personnel, forema						
	Name	Position	Age 	Yrs. Exp.	Yrs. With Firm		
					_		
20.	What percent of firm's work	program is for Gove	rnment	% Private	owners %		
21.	What is the desired single j Year Total				r job \$		
22.		acklog amount \$		Year			

3.	What is the firm's expected v	Diditie Hext yea						
4.	What trades are normally tak	en			%			
5.	What trades are subbed out							
6.	Percent of work normally sub Are subs bonded?	bed out			%			
7.	Are subs bonded?	Yes _	.,,	_No	_			
8.	Does your firm own the neces			inticipated work Pro	gram?			
`	Yes	No	V	NI.				
ქ. ∩	Does your firm lease equipment?YesNo Have you been, or do you intend to be, involved in real estate development, design/build							
J.	turnkey projects or speculative building? If so, please explain							
	turrikey projects or speculativ	re building? If s	so, piease expi	all1				
1.	Is your firm union?	Yes _		_No	· · · · · · · · · · · · · · · · · · ·			
Α	NCIAL							
2	Name and address of your C	PA						
				Phone No.				
3.	Fiscal year end date			<u> </u>				
4.	Fiscal year end date Type of Statement	Audit		Review	Compilation			
5.	How are financial statements	s prepared?		Casn	Accrual			
	Comple	ted contract		% of completion	on			
6.	How often are financial stater On what basis are taxes paid Comple	ments prepared	d?					
7.		tod contract		% of completion	าท			
NI	(INFORMATION							
. NI 8.	Name and address of your B	ank	Pho	ne No.()				
NI 8.	Name and address of your B	ank	Pho	ne No.()				
NI 3.	Name and address of your Ba	ank	Pho	ne No.()				
NI 8. 9. 9.	Name and address of your B	ank	Pho	ne No.()				
8. 9. 0. 1.	Name and address of your Backer person Amount of Line of Credit \$ How is the credit line secured RANCE Life insurance in effect on key Name Be	ank	Pho	ne No.()	Carrier			
8. 9. 0. 1.	CINFORMATION Name and address of your Backers Contact person Amount of Line of Credit \$ How is the credit line secured RANCE Life insurance in effect on key Name Beckers Beckers	ank	Pho Expi	ration Date	Carrier			
8. 9. 0. 1.	CINFORMATION Name and address of your Backers Contact person Amount of Line of Credit \$ How is the credit line secured RANCE Life insurance in effect on key Name Beckers	ank	Pho	ration Date	Carrier			
8. 9. 0. 1.	CINFORMATION Name and address of your Backers Contact person Amount of Line of Credit \$ How is the credit line secured RANCE Life insurance in effect on key Name Beckers Are any of the above policies To whom	ank	Pho	ration Date	Carrier			
8. 9. 0. 1. SU 2.	CINFORMATION Name and address of your Backers Contact person Amount of Line of Credit \$ How is the credit line secured RANCE Life insurance in effect on key Name Beckers Are any of the above policies To whom	ank	Pho	cash Value	Carrier			

		Largest Amt. Bonded			·	
ist y		ontracts in past five years:				
1.	Owner's Name	Phor	ne()		Fax()
	Contact Name		Job IE)	_	/
	Gross Profit \$	Phor Contract price \$	<u> </u>	Com	pl. Date)
۷.	Contact Name	1 1101	Job IF)	_ I ax(/
	Gross Profit \$	Phor Contract price \$	5	Com	pl. Date)
٥.	Contact Name	FIIOI		`	_ rax()
	Gross Profit \$	Phor Contract price \$	JOD IL	 Com	nl Date	<u>,</u>
						
ist th	nree of your major s Name		Р	hone		Fax
		—				
			····			
hree	e subcontractors (or Name	contr. If you are a sub) wh Address		ked wit hone	h:	Fax
						