



Surre, Goldberg & Henry Associates

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CONTRACTOR QUESTIONNAIRE
www.nasbp.org/toolkit



BUSINESS INFORMATION

Name of Firm: _____

Contact Name: _____ E-mail Address: _____

Firm Address: _____

Phone: _____ Fax: _____

Web Site: <http://> _____

State of Incorporation: _____ Year Started: _____

Tax ID: _____ Is your firm union? Yes No

Contracting Specialty: _____

Area(s) of Operation: _____

Type of Business C-Corp. Sub S. Corp. Part. Prop. LLC

OFFICER INFORMATION

List the corporate officers, partners, or proprietors of your firm:

<u>Legal Name</u>	<u>Date of Birth</u>	<u>SSN</u>	<u>Legal Name of Spouse</u>	<u>Spouse SSN</u>
1. _____	____/____/____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____	_____	_____
2. _____	____/____/____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____	_____	_____
3. _____	____/____/____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____	_____	_____
4. _____	____/____/____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____	_____	_____
5. _____	____/____/____	_____	_____	_____
Position: _____	Percent Owned: _____	Home Address: _____	_____	_____

Will the above individuals and spouses personally indemnify Surety? Yes No (explain below)

If No, explain: _____

Is there a buy/sell agreement among the owners of the business? Yes No

Is this agreement funded by life insurance? Yes No

BUSINESS DETAILS

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? If so, please attach explanation. Yes No

Is your firm or any of its owners or officers currently involved in any litigation? If so, please attach explanation. Yes No

What percentage of the firm's work is normally for:

Government Agencies _____

Private Owners _____

What trades do you normally undertake with your own forces? _____

What percentage of the firm's work is normally subcontracted to others? _____

What trades do you normally subcontract? _____

What is your sub bonding policy? _____

What was your largest uncompleted backlog? Amount: \$ _____ Year: _____

What is the largest job you expect to do during the next year? _____

What is the largest backlog expected next year? _____

What is your expected annual volume? _____

Do you lease equipment? Yes No Type of lease: _____

What are the terms of the lease? _____

FINANCIAL INFORMATION

Name of CPA Firm: _____ Fiscal Year End: _____

Contact Name: _____ E-mail: _____

Company Address: _____

Company Phone: _____ Fax: _____

On what basis are taxes paid? Cash Completed Job Accrual % of Completion

On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

On what level of assurance are financial statements prepared? CPA Audit Review Compilation

How often are internal financial statements prepared? Annually Semi-Annually Quarterly Monthly

Do you have a full time accountant on staff? Yes No Professional designations: _____

What accounting software do you use? _____

What estimating software do you use? _____

What job cost software do you use? _____

Name of Bank: _____ Address: _____

Contact Name: _____ Phone: _____

Line of Credit: \$ _____ Expiration: ____ / ____ / ____

EXPERIENCE & REFERENCES

Previous Bonding Companies:

<u>Name:</u>	<u>Reason for Leaving:</u>
1. _____	_____
2. _____	_____
3. _____	_____

List five of your largest contracts:

<u>Job Name:</u>	<u>Contract Price:</u>	<u>Gross Profit:</u>	<u>Completion Date:</u>	<u>Bonded?</u>
1. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____				Phone Number: _____
2. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____				Phone Number: _____
3. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____				Phone Number: _____
4. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____				Phone Number: _____
5. _____	_____	_____	/ /	<input type="checkbox"/> Yes <input type="checkbox"/> No
Contact: _____				Phone Number: _____

List five of your major suppliers:

Name	Telephone	Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List five subcontractors (or contractors if you are a subcontractor) that you do business with:

Name	Telephone	Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

List three specialty trades you have done business with:

Name	Telephone	Contact
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

KEY PERSONNEL

List additional personnel key to your operations:

Name	Position	Birth Year	Yrs. Experience
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

LIFE INSURANCE INFORMATION

List any life insurance in effect on officers or key personnel:

Name	Beneficiary	Amount	Insurance Company
1. _____	_____	\$ _____	_____
2. _____	_____	\$ _____	_____
3. _____	_____	\$ _____	_____
4. _____	_____	\$ _____	_____

BUSINESS INSURANCE INFORMATION

Provide information on your business insurance:

Name of insurance broker/agency? _____

Agent's Name: _____ E-mail: _____

Fax: _____ Phone: _____

SUBSIDIARIES AND AFFILIATES

List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type of Business	Cross/Corp. Indemnity?
1. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Remarks: _____

Attachments:

- Copies of the last three fiscal financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Buy Sell Agreement
- Specimen Copy of Subcontract Agreement
- Certificate of Insurance
- Resumes of Owners/Key Employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below:

Applicant(s) hereby authorize the Surety to make such pertinent inquiry as may be necessary from financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm: _____

Completed by: _____

Title: _____

Signature: _____

Date: _____ / _____ / _____

Additional Remarks:

*** Did you know SGH is a FULL SERVICE Insurance Agency? Please ask us how we can help you with you with a quote on your: General Liability, Worker's Comp, Umbrella, Automobile, Builders Risk/Equip. Floaters, OCP's, Business Life/Health Insurance, etc.

We also can assist you with Personal Insurance needs- Homeowners, Auto, Umbrella, Watercraft, Life Insurance, etc. through one of our associate Specialists.



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BID BOND REQUEST FORM

www.nasbp.org/toolkit



To: _____

Today's Date: ____ / ____ / ____

From: _____

Contractor: _____

Obligee (Bond Payable To): _____

Address: _____

Legal Project Name (including any identifying numbers): _____

Job Location: _____

Scope of Work: _____

Bid Date and Time: ____ / ____ / ____ am/pm

Estimated Bid: \$ _____

Bid Bond Amount: ____ % or \$ _____

Bid Opening Location: _____

Estimated Start Date: _____

Completion Time: _____

Penalties/Damages: _____

Special Bid Bond Form? Yes (attach form) No

Retainage: _____ %

Warranty Period: _____

Covered By Manufacturer? Yes No

Contractor's Guarantee Period(s): _____

Work On Hand As Of: ____ / ____ / ____ \$

List Major Subcontractors

Amount	Sub Bond
\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
\$ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Architect/Engineer: _____ Phone Number: _____

Special Hazards: _____

Comments and/or Additional Notes:

IF CONTRACT IS AWARDED WILL A PERFORMANCE AND PAYMENT BOND BE REQUIRED? _____
IF YES, IN WHAT AMOUNTS (% OR \$ AMOUNT)? PERFORMANCE BOND _____ PAYMENT BOND _____
WILL A MAINTENANCE BOND BE REQUIRED WHEN THE JOB IS DONE? HOW LONG & HOW MUCH? _____

RESULTS

Low Bidder: _____ Bid Amount: \$ _____

2nd Bidder: _____ Bid Amount: \$ _____

3rd Bidder: _____ Bid Amount: \$ _____

Do you expect to be awarded the contract? Yes No

Comments:

Did you give a copy of the Insurance specifications to our Insurance Dept.? ____ Please remember to do so!!
Can we assist you with a quote on your Insurance? ____ We are specialists in the Construction Insurance and Bonding Industry. Let us know if we can answer Any questions you may have to obtain the best Program for you!!