



Contractor's Questionnaire

1. Introduction

Contractor's Name _____ Federal Tax ID# _____

Address _____

Telephone _____ Fax # _____ E-Mail _____

Type of Organization: Corporation Partnership Sole Proprietorship LLC

Other (Please specify) _____

If Corporation, have Stockholders Elected to be Considered a

“Sub Chapter ‘S’ Corporation? Yes No

Date Business Founded _____ Date Incorporated? _____

List All Stockholders/Owners and Key Personnel in Your Business

Name & Address	Spouses Name	Title/ Position	% of Ownership	Date of Birth	Yrs. & Exp. In Const.

Are All Stockholders/Owners Actively Involved in the Business? Yes No

(If No, Please Explain)

List Affiliated, Subsidiary or Related Companies in Which This Firm or Its Stockholders/Owners Have Interest

Name & Address	% of Ownership	Scope of Operations

2. Financial Data

What is Your Fiscal Year End? _____

Who Prepares Your Fiscal Year End Financial Statements? _____

Telephone # _____

Do You Have Interim Financial Statements Prepared? _____ How often? _____

What Method of Accounting is Used in Preparing Statements?

Completed Contract Accrual % of Completion Other (Please Explain) _____

On What Basis of Accounting are Taxes Paid?

Completed Contract Accrual % of Completion Cash

Who is Responsible for Bookkeeping? _____

Prepared Manually Computer

How Long With Firm? _____ How Many Years of Experience? _____

Who is Responsible for Estimating? _____

Prepared Manually Computer

How Long With Firm? _____ How Many Years of Experience? _____

Provide a Brief Description and Purpose of Inventory Shown on Financial Statement

Do Any Financial Statements Make Reference to Real Estate Owned Other Than Buildings Used to House the Construction Co.? Yes No (If Yes, Briefly Describe)

Have Operations Been Profitable Since Financial Statement Date? Yes No (If No, Please Explain) _____

Have Changes Occurred Since Statement Date Such as Acquisition of Additional Equipment, Purchase of Fixed Assets, Loans To Officers, Investments, Withdrawals or Dividends that Would Significantly Affect Financial Condition of Contractor? Yes No (If Yes Briefly Describe)

Are Any New Ventures Contemplated? Yes No (If Yes Please Describe)

Has Your Business Been Audited By the IRS? Yes No Year? _____

Are Your Taxes Current? Yes No

Is a Buy-Sell Agreement in Effect? Yes No (f Yes, Please Attach a Copy)

In the Event of an Owners Death, Is a Plan in Effect to Complete All Uncompleted Work?
 Yes No (f Yes, Please Describe) _____

Life Insurance

Insured	Amount	Beneficiary	Insurer	Cash Value

State Limits and Carrier of Liability and Compensation Insurance

With Whom Do You Bank? _____

Address _____

Telephone _____

Name of Officer(s) With Whom You Deal _____

Do You have an Established Line of Credit? ___ Yes ___ No

How Much? \$ _____

What Was Given as Collateral to Secure This Line of Credit?

Do You Currently Have an SBA Loan? ___ Yes ___ No

(If Yes Which Bank?) _____

Original Balance \$ _____ Current Outstanding Balance? \$ _____

Are Payments Current? ___ Yes ___ No

List Suppliers From Whom You Buy Most of Your Materials:

Name/ Contact Person	Complete Mailing Address	Telephone
1.		
2.		
3.		
4.		

5.		

3. Scope of Operation

Type of Construction

Specialty: _____

What Other Class of Business Do You Handle? _____

Territory _____

How many Employees do you have? _____ Work Crews? _____

A. % Work Done For Federal _____ % Public _____ % Private _____ %

B. What % of Work is as: Prime _____ % Sub _____ %

C. What % of average job is: Materials _____ % Subcontracted to others _____ %

D. Are Bonds Required for Subcontractors? ___ Yes ___ No

When? _____ What Trades? _____

Largest Contracts Completed Within Last 5 Years

Owner or General Contractor Mailing Address	Phone Contact Person	Contract Amount \$	Date Completed
1.			
2.			
3.			
4.			
5.			

Principal Subcontractors You Have Used in the Past 2 Years

Company /Mailing Address	Phone Contact Person	Type of Work Contract Amount \$	Date Completed
1.			

2.			
3.			

Largest Previous Job \$ _____

Largest Previous Cost to Complete: #jobs _____ \$ _____ Year _____

How Many Contracts do You Normally Have Underway At Any One Time:

#jobs _____ \$ _____

What Is The Largest Single Contract Your Company Can Best Handle \$ _____

What Is the maximum Cost to Complete That Your Company Can Best Handle #jobs ____ \$ _____

In What Radius (Miles) Can Your Company Operate Best? _____ Miles

The Following Questions Pertain To the Latest Uncompleted Work On Hand. Explain Any “Yes” Answers.

Are Any More Than 10% Low ___ Yes ___ No

Are Any Projects Behind Schedule ___ Yes ___ No

Are There Any Delays or Disputes ___ Yes ___ No

Any In Penalty ___ Yes ___ No

How Much of Your Equipment is: Owned _____% Leased _____%? (Please attach equipment list.)

4. Bonding History

Name All Surety Companies With Whom You Have Dealt and the Reason For Change

Surety Company	Amount of Bonding Credit	Year	Reason For Change

Reason For Changing Sureties At This Time _____

Has Bond Application Ever Been Denied? ___ Yes ___ No (If Yes, Please

Explain)_____

Have You Ever Caused a Surety to Pay a Claim? ___ Yes ___ No (If Yes Please Explain)

Are Any Mechanics Liens, Judgments, Law Suits or Claims Pending on Completed or

Uncompleted Work? ___ Yes ___ No

If Yes, Give Details

American Contracting Services, Inc. and its agents are authorized to verify any information contained herein including but not limited to my credit and employment history and to request, obtain and use credit information on me/us in the processing of my/our application. This document, or any photocopy hereof, hereby authorizes any third party to furnish to American Contracting Services, Inc. and its agents with complete consumer credit reports.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

Date: _____

Firm Name: _____

SIGN HERE X _____