

## Contractor's Questionnaire Construction Bonds

### General Information

Business Name: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
 Business Address: \_\_\_\_\_  
 Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_  
 Business Website: \_\_\_\_\_  
 State of Incorporation: \_\_\_\_\_ Year Started: \_\_\_\_\_ Year of Present Management Control: \_\_\_\_\_  
 Business Tax ID: \_\_\_\_\_ Is the Firm Union?  Yes  No  Both  
 Type of Business / Contract Specialty: \_\_\_\_\_  
 LEED Project Experience?  Yes  No If yes, number of projects: \_\_\_\_\_ Number of LEED Certified Employees: \_\_\_\_\_  
 Geographic Area of Operation: \_\_\_\_\_  
 Business Type:  C-Corp.  Subchapter S  Partnership  Sole Proprietorship  LLC  LLP  Other: \_\_\_\_\_  
 Employee Count: Office \_\_\_\_\_ Field \_\_\_\_\_ Total \_\_\_\_\_  
 Industry Affiliations/Memberships:  AGC  ASA  ABC  CFMA  Other: \_\_\_\_\_  
 Certifications:  8A  HubZone  SDVOSB  WOSB  Other: \_\_\_\_\_

### Underwriting Questions

Does the Applicant have any other Surety bonds in force with any other Surety company? .....  Yes  No  
 Has another Surety company declined to write this or any previous bond? .....  Yes  No  
 Have you ever had a bond involuntarily terminated or cancelled? .....  Yes  No  
 Has there ever been a claim or legal action against any bond executed on your behalf?.....  Yes  No  
 Do you or any of your companies have any pending lawsuits, unsatisfied judgments or liens? .....  Yes  No  
 Have you or any of your companies declared bankruptcy or become insolvent? .....  Yes  No  
 Have you or any of your companies been the subject of any legal or administrative proceedings resulting  
 in disciplinary action? .....  Yes  No  
 Have you ever been convicted of a felony? .....  Yes  No  
 Has the Applicant been in business under the current name and ownership for less than three years? .....  Yes  No  
 Does the bond cover any type of environmental or pollution exposure? .....  Yes  No  
*Please provide additional details for all "yes" answers in the comments section on page 3.*

### Ownership Information

	Full Legal Name	Address	Title	SSN	E-mail	% Owned
1. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
2. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____
3. Name:	_____	_____	_____	_____	_____	_____
Spouse:	_____	_____	_____	_____	_____	_____

### Business Details

Percent of work for: Government Owners \_\_\_\_\_ Private Owners \_\_\_\_\_ Other Contractors \_\_\_\_\_  
 Trades undertake on own: \_\_\_\_\_  
 Percentage of work subcontracted: \_\_\_\_\_ Type of work subcontracted: \_\_\_\_\_  
 Do you require bonds of your subcontractors?  Yes  No If yes, what is the contract value threshold? \_\_\_\_\_  
 Maximum size job undertaken? \_\_\_\_\_ When? \_\_\_\_\_ Profitable?  Yes  No Average Job Size: \_\_\_\_\_  
 Largest backlog undertaken? \_\_\_\_\_ When? \_\_\_\_\_ Number of jobs? \_\_\_\_\_ Backlog this year? \_\_\_\_\_  
 Do you lease equipment?  Yes  No Type of lease? \_\_\_\_\_  
 Lease terms: \_\_\_\_\_

**Key Personnel, Continuity, Insurance & Subsidiaries**

**Key Personnel:**

	Name	Position/Title	Age	Years With Company	Years in Industry
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**Continuity:**

Does a buy sell agreement exist?  Yes  No If yes, funded by life insurance?  Yes  No

Please list life insurance policies in effect:

	Insured Name:	Beneficiary	Policy Limit	Insurance Company
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____

**Business Insurance:**

Insurance broker/agency: \_\_\_\_\_ Address: \_\_\_\_\_

Agent's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Key Expiration Dates: \_\_\_\_\_

**Subsidiaries or Affiliates:**

	Name of Entity	Percentage Owned	Type of Business	FEIN	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

**Financial & Banking Information**

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact Name: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Firm Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_ Website: \_\_\_\_\_

On what basis are taxes paid?  Cash  Completed Contract  Accrual  Percentage of Completion

On what basis are financial statement prepared?  Cash  Completed Contract  Accrual  Percentage of Completion

On what level of assurance are the financial statements prepared?  Audit  Review  Compilation  Internal Only

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

How are bills paid?  Discounts taken for early pay  Prompt according to terms  Late, within \_\_\_\_\_ days of due date

Any material troubled A/R?  Yes  No If yes, explain: \_\_\_\_\_

Any changes to balance sheet (prior period adjustments) since last fiscal year end?  Yes  No If yes, please explain: \_\_\_\_\_

Do you have a full-time accountant on staff?  Yes  No If yes, name: \_\_\_\_\_

Staff Accountant's professional designations: \_\_\_\_\_

Accounting Software: \_\_\_\_\_

Estimating Software: \_\_\_\_\_

Job Cost Software: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

How long with this bank? \_\_\_\_\_ Accounts:  Checking  Savings  Term Loans  Revolving Line of Credit

Line of Credit Established Since: \_\_\_\_\_ Max Capacity: \_\_\_\_\_ Line Expires/Renews? \_\_\_\_\_

Is line:  Secured  Unsecured If secured, by what? \_\_\_\_\_

Any other bank relationships?  Yes  No Special Purpose? \_\_\_\_\_

**Experience & References**

Previous Bonding Companies:	When?	Reason for changing?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Largest Completed Contracts:

Project Name & Contact Person / Phone Number	Contract Value	Gross Profit	Date Completed Bonded?
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

Major Suppliers:

Name & Contact Person / Phone Number	Type of Product	Payment Terms
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Major trade subcontractors (or general contractors if you are a subcontractor):

Name & Contact Person / Phone Number	Trade	Last Used
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

**Additional Comments**

Application Completed By: \_\_\_\_\_ Date: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name & Title \_\_\_\_\_

The applicant and indemnitors hereby request Frankenmuth Mutual Insurance Company and any affiliated company, their successors, or assigns to become their surety. The undersigned hereby certify the truth of all statements in the application, authorize the Company to verify this information at the time of application and as needed, on an ongoing basis and to obtain additional information from any source, including obtaining credit reports at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion. Upon approval of any bond(s), the applicants and indemnitors will receive an e-mail with instructions on how to execute an indemnity agreement through an e-signature process, including instructions on how to review the indemnification agreement prior to execution.

Please speak with your agent for additional details.