



McFADDEN INSURANCE

CONTRACTORS QUESTIONNAIRE

Date: _____

GENERAL INFORMATION

Contractor: _____

(As name appears on Contractors license)

Address: _____ Phone: _____

Type of Entity: Corporation Partnership Proprietorship Limited Liability Company

License Number _____ License Class _____ Tax ID Number _____

Date Business Formed: _____ Date Incorporated: _____

Has there been any recent change in control of company? Yes _____ No _____

If so, explain: _____

Is the company or its owners connected with other companies as a subsidiary, parent, holding or affiliate?

Yes _____ No _____ If so, explain: _____

CORPORATE OFFICERS – PARTNERS – PROPIETOR – OWNERS – KEY PERSONNEL

(Please complete)

<u>Name</u>	<u>Marital Status</u>	<u>Age</u>	<u>Position</u>	<u>% of Ownership</u>	<u>Social Security Number</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

In what class of construction do you specialize?: _____

What was the largest backlog completed: \$ _____ # of jobs _____ Year _____

List annual gross sales for last 3 years: \$ _____ year _____ \$ _____ year _____ \$ _____ year _____

LIST THE FIVE LARGEST CONTRACTS COMPLETED IN THE PAST 5 YEARS:

<u>Owner (person to contact)</u>	<u>Phone Number</u>	<u>Kind of Work</u>	<u>Contract Price</u>	<u>Year</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

NAME OF PRESENT AND PRIOR SURETIES:

<u>Surety</u>	<u>Agent</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss?: _____
If so explain: _____

Has your company ever failed to complete a contract? ____ If so, explain: _____

Any disputes on contracts? If so, explain: _____

Has company, any affiliated company, or any owner ever experienced a bankruptcy ____ been in receivership ____ If so, explain: _____

Are any liens for labor and/or material filed against company on any contracts which have been done or are being done by company? ____ If so, explain _____

If additional space is required for any yes answers, please attach additional signed pages.

LIST OF SUPPLIERS:

<u>NAME</u>	<u>MATERIAL/SERVICE PROVIDED</u>	<u>STREET ADDRESS CITY & ZIP CODE</u>	<u>PHONE NUMBER</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

FINANCIAL INFORMATION

ACCOUNTING:

Name of Accounting Firm: _____ Phone # _____
 How many years has this firm prepared financial statements? _____ Tax returns _____
 Fiscal year end? _____ Are taxes, both company and personal current? _____
 Basis of preparation of statements: Tax payments:
 ____ Cash ____ Completed Contracts ____ Cash ____ Completed Contract
 ____ Simple Accrual ____ % of Completion ____ Simple Accrual ____ % of Completion

BANK

Name of Bank: _____ Account Manager _____
 Address: _____ Phone Number () _____
 Account Number(s) _____
 Amount of line of credit \$ _____ Amount in use? _____ How secured _____

Attach letter from bank confirming line of credit and/or relationship/credit/banking history

I/WE AUTHORIZE THE COMPANY TO INVESTIGATE MY STATEMENTS AND TO CHECK MY/OUR CREDIT WITH ANY CREDITORS OR LENDING INSTITUTIONS.

Signed this _____ Day of _____, 20

Signature

Name and Title