



CONTRACTORS QUESTIONNAIRE

Name of Firm: _____
Address: _____
Phone: _____ Fax: _____
Contracting Specialty: _____
Contractor(s) Lic. No.(s) (Enclose Copy(s)): _____ Lic. Exp. Date(s): _____ Class: _____
Contact Person: _____ Title: _____
Year Business Started: _____ Type of Business: _____

CORPORATE OFFICERS, PARTNERS, OR PROPRIETORS OF YOUR FIRM: (Enclose Resumes)

Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____		S.S. #: _____	
Home Address: _____			
Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____		S.S. #: _____	
Home Address: _____			
Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____		S.S. #: _____	
Home Address: _____			
Name: _____	Age: _____	Position: _____	% Owned: _____
Name of Spouse: _____		S.S. #: _____	
Home Address: _____			

Is there a Buy/Sell Agreement among the owners of the business? ☐ YES ☐ NO

Is this agreement funded by life insurance? ☐ YES ☐ NO

How many people does your firm employ? _____

How many work crews? _____

Has your firm or any of its principals ever Petitioned for Bankruptcy? ☐ YES ☐ NO

Has your firm or any of its principals failed in business? ☐ YES ☐ NO

Has your firm or any of its principals caused a loss to a surety? ☐ YES ☐ NO

Is your firm or any of its owners or officers currently involved in any litigation? ☐ YES ☐ NO

If yes, explain: _____

What percentage of the firm's work is for Government Agencies?

What percentage of the firm's work is for Private Owner's?

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

Are bonds required of the subcontractors?

☐ YES

☐ NO

What trades do you normally subcontract?

What is the largest amount of uncompleted work on hand at one time in the past?

Year?

What was the largest job completed?

ACCOUNTING

Name of your CPA:

Contact:

Address:

Phone:

Fax:

Fiscal Year End:

On what basis are financial statements prepared (Cash, Accrual, % of Completion):

On what basis are taxes paid (Cash, Accrual, % of Completion):

BANK

Name of your Bank:

Contact:

Address:

Phone:

Fax:

Account #(s):

Amount of Line of Credit:

Expiration Date:

Amount In Use:

How is credit secured?

PRIOR SURETY

Name of Prior Surety:

Reason for leaving?

Name of Prior Surety:

Reason for leaving?

LIST FIVE OF YOUR LARGEST PROJECTS

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

Owner:

Contact:

Phone #:

Kind of Work:

Contract:

Year:

LIST FOUR OF YOUR MAJOR SUPPLIERS

Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____				

LIST THREE SUBCONTRACTORS (OR GENERAL CONTRACTORS) THAT YOU DO BUSINESS WITH

Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Job:	_____		
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Job:	_____		
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Job:	_____		

LIST TWO ARCHITECTS THAT YOU HAVE DONE BUSINESS WITH

Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Year:	_____		
Name:	_____	Phone:	_____	Fax:	_____
Address:	_____	Year:	_____		

PERSONNEL

List key personnel, foremen or supervisors: (Enclose Resumes)

Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____		
Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____		
Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____		
Name:	_____	Position:	_____	Age:	_____
Yrs. Experience:	_____	Previous Employer:	_____		

Completed by: _____ Date: _____

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