

# CONTRACTOR QUESTIONNAIRE

Name of company:	Date established:
Full address:	Telephone: _____ Fax: _____

List all Corporate Officers-Partners-Proprietors-Shareholders-Directors (Use a separate sheet if necessary)

Name	Residence address	Age	Position	Held Since	% Stock Ownership	Personal worth apart from interest in company

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

If yes, is the agreement funded by life insurance?                       Yes    No

Has your company or any of its principals or their spouses or a company or any of them ever failed in business or compromised with creditors or caused a loss to a surety? If yes, please explain in full on a separate sheet of paper.       Yes    No

Does your company have one or more related companies?               Yes    No

If yes, please state name, address, type of business and share ownership on a separate sheet of paper, attach financial statements and include a family tree.

Are any of the persons named in 3 above or their spouses engaged in any other business or businesses?       Yes    No

If yes, please state name, address, type of business and share ownership on a separate sheet of paper, attach financial statements and include a family tree.

Key personnel (Principals, Engineers, Estimators, Superintendents, Foremen etc.) Use a separate sheet if necessary.

Name	Age	Position	Held Since	Previous Employer	Position	Held Since

Type of contractor (ie. General Building Contractor; Mechanical; Electrical; Water & Sewer)  
If more than one type please list all and give approximate percentage of annual sales applicable to each.

Have there been any changes in the control or management of the company in the past 3 years?

Yes    No      If yes, please explain in full on a separate sheet of paper

To what extent does management control and supervise individual jobs  Daily  Weekly  Monthly  
 Personally  Through reports  Other (please specify)

Please list the names of all persons who are authorized to sign and seal documents on behalf of the company:  
 \_\_\_\_\_  
 Please list the name of all persons who have cheque signing authority:  
 \_\_\_\_\_

Is this company or a related company or any of the persons named above or their spouses engaged:

In a joint venture	<input type="checkbox"/> Yes <input type="checkbox"/> No	in turn key propositions	<input type="checkbox"/> Yes <input type="checkbox"/> No
in a foreign venture	<input type="checkbox"/> Yes <input type="checkbox"/> No	in dam or bridge construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
in land or property speculation	<input type="checkbox"/> Yes <input type="checkbox"/> No	in wharf, pier or breakwater construction	<input type="checkbox"/> Yes <input type="checkbox"/> No
in real estate development	<input type="checkbox"/> Yes <input type="checkbox"/> No	in tunneling	<input type="checkbox"/> Yes <input type="checkbox"/> No
as a subdivider	<input type="checkbox"/> Yes <input type="checkbox"/> No	in contracts lasting more than 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
as an operative builder	<input type="checkbox"/> Yes <input type="checkbox"/> No	in design work	<input type="checkbox"/> Yes <input type="checkbox"/> No

If yes, give details on a separate sheet of paper

State the type of owner for whom you do work and list approximate percentage of your annual sales for each:

Governments ( )%	Private companies ( )%	Others (specify) ( )%
Institutions ( )%	Individuals ( )%	
Utilities ( )%	Developers ( )%	

For each type of construction you do, list the 3 largest fixed price contracts you have completed in the 3 years preceding your latest financial statement (Do not include contracts completed since the date of your latest financial statement). Use a separate sheet of paper if necessary.

Contract price	_____	_____	_____
Location	_____	_____	_____
Type of Work	_____	_____	_____
When Started	_____	_____	_____
When Completed	_____	_____	_____
Surety	_____	_____	_____
Architect or Engineer	_____	_____	_____
Owner	_____	_____	_____

In which geographical area do you work: \_\_\_\_\_  
 Do you ever work outside it?  Yes  No  
 If yes, where and how often: \_\_\_\_\_

Is your operation:     Union     Non-union                      Do you pay union scale wages?     Yes     No

Duration of union contracts \_\_\_\_\_                      When does present contract expire? \_\_\_\_\_

What was the largest amount of uncompleted work on hand at any one time in the last 4 years:

\$ \_\_\_\_\_                      Year: \_\_\_\_\_                      Number of contracts \_\_\_\_\_

What percentage of your work is usually sublet to others? \_\_\_\_\_ %

Types of work usually sublet? \_\_\_\_\_

Types of work usually not sublet \_\_\_\_\_

Do you obtain bonds from your subcontractors?                       Always                       Sometimes                       Never

    If never, please explain why not: \_\_\_\_\_

    If sometimes, please state under what circumstances you waive bonds: \_\_\_\_\_

List 3 architects or engineers who have supervised your work in the past year:

Architect/Engineer	Address	Telephone	Owner/Project

List your present 3 main suppliers:

Name	Address	Telephone	Credit Manager

At present your company is:

Discounting bills     Paying in 30 days     in 31-45 days     in 46-60 days     in 61-90 days     Over 90 days

Special Terms (explain below)

If over 45 days give reasons (use a separate sheet of paper if necessary)

\_\_\_\_\_

List 5 subcontractors (contractors, if you are a subcontractor) with whom you worked in the past 2 years:

Name	Address	Telephone

Name of present bonding company: \_\_\_\_\_ Length of time with present bonding company: \_\_\_\_\_ yrs.  
 Limits established: Total work on hand \$ \_\_\_\_\_ Single project size \$ \_\_\_\_\_  
 Other conditions imposed: \_\_\_\_\_  
 Have you ever been refused a bond?  Yes  No If yes, please give details on a separate sheet of paper

List the names of the other bonding companies with whom you have dealt in the past 3 years and reasons for change.

\_\_\_\_\_

\_\_\_\_\_

When is your fiscal year end? _____ Are your accounting functions computerized? <input type="checkbox"/> Yes <input type="checkbox"/> No Are you able to produce interim statements? <input type="checkbox"/> Yes <input type="checkbox"/> No	On what basis are the financial statements prepared? <input type="checkbox"/> Completed Contract <input type="checkbox"/> Percentage of completion <input type="checkbox"/> Other (please specify)
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Who is your auditing firm contact? _____	Are individual job cost records prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often are they updated? _____ reviewed? _____
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Does your office staff include a full time accountant/bookkeeper? <input type="checkbox"/> Yes <input type="checkbox"/> No	What are his/her qualifications and experience? _____
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Name of Bank _____ Address _____ Telephone _____ With bank since _____ What is authorized operating line of credit? \$ _____ How much presently in use? \$ _____ How is line secured \$ _____	What other loans do you have? _____ Purpose? _____ Amount outstanding \$ _____ Annual repayment _____ How secured _____ Loans officer _____
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<p>Do you have one or more accounts receivable or holdbacks of any consequence which are overdue or doubtful?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and amounts on separate sheet of paper</p>
<p>Do you at present have any holdbacks which are not due within 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, state amount \$ _____ and when due _____</p>
<p>Have any of your accounts receivable, holdbacks or notes been assigned, pledged, sold or discounted?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details</p>
<p>Is your company acting as Guarantor, Indemnitor, Bondsman or Surety for others or as endorser on their notes or accounts?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and amounts on separate sheet of paper</p>
<p>Are there any liens for labour or material filed against you anywhere?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give full details and amounts on separate sheet of paper</p>
<p>Are there any judgements, suits or claims outstanding against your company or its officers?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give a full explanation on separate sheet of paper</p>
<p>Are others disputing any work which you did or failed to do or any account which you presented to them?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and amounts on separate sheet of paper</p>
<p>Are there any liens for labour or material filed by you against a third party?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and amounts on separate sheet of paper</p>
<p>Are you disputing any work which was done for you or accounts which were presented to you?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give details and amounts on separate sheet of paper</p>
<p>Have you or any related company purchased any equipment or other assets of a substantial nature since your last fiscal year end?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list here (if more than one use a separate sheet of paper)</p> <p>Type of asset _____ Down payment _____ Name of lender _____          Total purchase price _____ Monthly pmts. _____ Term of loan _____</p>
<p>Do you or any related company contemplate purchasing any equipment or other fixed assets in the next 12 months?  <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list here (if more than one use a separate sheet of paper)</p> <p>Type of asset _____ Down payment _____ Name of lender _____          Total purchase price _____ Monthly pmts. _____ Term of loan _____</p>
<p>Have you or any related Company since the last fiscal year end built or do you contemplate building or acquiring or having built in the next 15 months a building, shop or plant of your own or an extension of your present one? <input type="checkbox"/> Yes <input type="checkbox"/> No          If yes, please list here (if more than one use a separate sheet of paper) _____          _____</p>

Please list insurance coverages currently in effect

Coverage	Expiry Date	Limits	Insurance Co.	Coverage	Expiry Date	Limits	Insurance Co.
Property				Automobile			
Equipment				General Liability			
Stock				Non-owned Auto			
Installation Floater				Umbrella			
Builder's Risk				Fidelity			
Wrap-up Liability							

What maximum size contracts in each of the types of work you do, do you feel your company is best qualified to handle?

Type \_\_\_\_\_ Type \_\_\_\_\_ Type \_\_\_\_\_  
 Amount \_\_\_\_\_ Amount \_\_\_\_\_ Amount \_\_\_\_\_

What overall work program do you feel your organization is qualified to undertake?

Total program at any one time: \_\_\_\_\_  
 During the next 12 months: \_\_\_\_\_

**Attached to this presentation should be:**

- a) Last three fiscal year end statements and any recent interim statement of applicant and of all related companies whether active or not.
- b) Personal financial statements of all shareholders and financial statements of their other companies whether active or not.
- c) Purpose and description of operations of each of the related or privately owned companies whether active or not.
- d) A letter from your bank stating your operating line of credit, the amount presently in use and the security held.

The undersigned hereby represents that the above statements are true and authorizes the Bank and the other references to verify the correctness of the statements:

Prepared for the company by:

\_\_\_\_\_ Position: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_