



HMS Insurance Associates, Inc.
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CONTRACTOR QUESTIONNAIRE

- 1. Name of Firm: _____ Tax ID # _____
2. Address: _____ 3. Fiscal Year End _____
4. Phone: _____ 5. Contracting Specialty: _____
6. Contact Person: _____ 7. Title: _____
8. Year Business Started: _____ 9. Type of Business: ___ Corp. ___ Part. ___ Prop. ___ Sub. S. Corp.
10. State of Incorporation: _____ 11. Area of Operation: _____
12. List the corporate officers, partners or proprietors of your firm:

Table with 5 columns: Name, Year of Birth, Position, Percent Owned, Name of Spouse. Rows A through E.

- 13. Will the above individuals and spouses personally indemnify Surety: ___ Yes ___ No
If no, explain: _____
14. Is there a buy/sell agreement among the owners of the business? ___ Yes ___ No
15. Is this agreement funded by life insurance? ___ Yes ___ No
16. Corp. Indemnity? ___ Yes ___ No
17. Cross/Corp Indemnity? ___ Yes ___ No
18. How many people does your firm employ? _____ 19. How many work crews? _____
20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety: ___ Yes ___ No
21. Is your firm or any of its owners or officers currently involved in any litigation?
___ Yes ___ No. If yes, explain _____
22. What percentage of the firm's work is normally for:
Government Agencies _____% Private Owners _____%
23. What percentage of the firm's work is normally subcontracted: _____%
24. Are bonds required of subs? ___ Yes ___ No
25. What trades do you normally subcontract? _____
26. What is the largest amount of uncompleted work on hand at one time in the past?
Amount: \$ _____ Year: _____

27. What is the largest job you expect to do during the next year? \$ _____

28. What is the largest uncompleted work program expected during the next year? \$ _____

29. What is your expected annual volume next year? \$ _____

30. What trades do you normally undertake with your own forces? _____

31. SIC CODE: _____

32. Do you lease equipment: ___ Yes ___ No 33. Type of lease? _____

34. What are the terms of the lease? _____

35. Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

36. On what basis are taxes paid: ___ Cash ___ Completed Job ___ Accrual ___ % of Completion

37. On what basis are financial statement prepared? ___ Cash ___ Completed Job ___ Accrual
___ % of Completion

38. On what level of assurance are financial statements prepared? ___ CPA Audit ___ Review ___ Compilation

39. How often are financial statements prepared? ___ Annually ___ Semi-annually
___ Quarterly ___ Monthly

40. Do. You have a full time accountant on staff? ___ Yes ___ No 41. Years experience _____

42. Are job cost records kept? ___ Yes ___ No

43. How often reviewed? _____ 44. How often updated? _____

45. Do they show job detail? ___ Yes ___ No 46. Frequency? _____

47. Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration date: _____ 50. What is interest rate? _____%

51. UCC Filing: ___ Yes ___ No 52. How is credit secured? _____

53. Is your firm union? ___ Yes ___ No 54. What is firm's Dun & Bradstreet Number? _____

55. D&B Rating: _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:

Name

Reason for Leaving

A. _____

B. _____

C. _____

59. List five of your largest contracts:

Job Name

Contract Price

Gross Profit

Completion Date

Bonded?

A. _____ \$ _____ ___ Yes ___ No

Owner: _____ Design Professional: _____

B. _____ \$ _____ ___ Yes ___ No

Owner: _____ Design Professional: _____

C. _____ \$ _____ Yes ___ No
 Owner: _____ Design Professional: _____

D. _____ \$ _____ Yes ___ No
 Owner: _____ Design Professional: _____

E. _____ \$ _____ Yes ___ No
 Owner: _____ Design Professional: _____

60. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Contact</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

A. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

D. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

E. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

62. List three Architects you have done business with:

A. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

C. Name: _____

Address: _____ Phone: _____

Contact: _____ Job: _____

63. List key personnel, foremen or supervisors:

	<u>Name</u>	<u>Position</u>	<u>Year Of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

	<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
B.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			
C.	_____	_____	\$ _____	\$ _____
	Insurance Company: _____			

65. List other insurance coverage currently in effect:

	<u>Limits in '000's</u>		<u>Carrier</u>	<u>Expiration Date</u>
	<u>BI</u>	<u>PD</u>		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type of Business</u>	<u>NANDA Code</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

REMARKS: _____

Completed by: _____

Title: _____

Date: _____