



CONTRACTORS QUESTIONNAIRE

Complete all questions, answer N/A to all questions that do not apply

GENERAL INFORMATION

- 1.) Business Name: _____ Federal ID# _____
- 2.) Address: _____
- 3.) Phone No. _____
- 4.) Fax No. _____
- 5.) Email Address: _____
- 6.) Type of Business: Corporation Partnership Sub S LLC Other
- 7.) Year Business Started: _____ 8.) Area of Operation: _____ 9.) Union Non-Union
- 10.) List legal name of all owners, stockholders or partners of the business:

Name & SSN	Position	DOB	%Ownership	Spouse Name & SSN

- 11.) Has your business or any of its principals ever petitioned for bankruptcy, failed in business or caused a loss to a surety company? Yes No (If yes, please include explanation)
- 12.) Are you or any other principal of the business involved in any litigation? Yes No (If yes, please include explanation)

DESCRIPTION OF BUSINESS

- 13.) What type of work do you normally undertake?
- 14.) What portion of your work is normally for: Government Agencies _____ % Private Owners _____ %
- 15.) What portion of your work is normally subcontracted? _____ %
- 16.) Bonds required of Subs?
- 17.) Do you have the necessary equipment to perform anticipated job/program?
- 18.) What size jobs/program do you feel your business can undertake?

Single Job	Aggregate
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ACCOUNTING

19.) Name of CPA:

20.) Address:

21.) Phone No.

22.) Fiscal Year End?

23.) How often are statements prepared?

24.) On what basis are taxes paid? Cash Completed Job Accrual % of Completion

25.) On what basis are statements prepared? Cash Completed Job Accrual % of Completion

26.) What level of assurance are statements prepared on? Audit Review Compilation

27.) Are individual job cost records prepared? Yes No If yes, how often updated?

BANK INFORMATION

28.) Name of Bank:

29.) Contact:

30.) Address:

31.) Phone No.

32.) Do you have a line of credit? Yes No

If yes, How Much?

How secured?

LARGEST JOB HISTORY (List 5 largest jobs)

33.) Project Name:

Owner:

34.) Project Name:

Owner:

35.) Project Name:

Owner:

36.) Project Name:

Owner:

37.) Project Name:

Owner:

Year Completed:

Contract Price:

Year Completed:

Contract Price:

Year Completed:

Contract Price:

Year Completed:

Contract Price:

Year Completed:

Contract Price:

MAJOR SUPPLIERS (List 5 major suppliers)

38.) Name:	Contact:
Address:	Phone No.
39.) Name:	Contact:
Address:	Phone No.
40.) Name:	Contact:
Address:	Phone No.
41.) Name:	Contact:
Address:	Phone No.
42.) Name:	Contact:
Address:	Phone No.

SUBCONTRACTORS (List 5 subs you work with frequently)

43.) Name:	Contact:
Address:	Phone No.
44.) Name:	Contact:
Address:	Phone No.
45.) Name:	Contact:
Address:	Phone No.
46.) Name:	Contact:
Address:	Phone No.
47.) Name:	Contact:
Address:	Phone No.

LIST ANY KEY MAIN INSURANCE CARRIED

Name	Amount	Beneficiary	Issuing Company	Cash Value
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Please provide an updated Certificate of Insurance

Prepared/Completed By: _____ Date: _____
Signature

This hereby authorizes any party, firm, or corporation to furnish information regarding my account to Shepherd Insurance. This information is necessary to establish credit.

***Signed:** _____ **Title:** _____ **Date:** _____
*Signature of an Authorized Representative of the Business