

NGIA, Inc.

2390 E. Camelback Rd., Ste 214-Phoenix, AZ 85016
phone (602) 508-0977-fax (602) 508-0980
CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ Fiscal
street 3. Year End _____
_____ city state zip

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:

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Name of Spouse</u>	<u>Soc. Sec. #</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
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. Corporate Indemnity? Yes No 17. Cross/Corporate 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.

If yes, please explain:

21. Is your firm or any of its owners 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 Subcontractors? Yes No.

25. What trades do you usually 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 statements 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. Yrs. 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. 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.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
B.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
C.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
D.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		
E.	_____	_____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____		Design Professional: _____		

60. List five of your major suppliers:

	Name	Address	Telephone	Contact
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

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

A.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	
B.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	
C.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	
D.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	
E.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	

62. List three Architects you have done business with:

A.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	
B.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	
C.	Name: _____	Tel. _____
	Address: _____	Job: _____
	Contact: _____	

63. List key personnel, foremen or supervisors:

Name	Position	Year of Birth	Years Experience	Previous Employer
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

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

Name	Beneficiary	Amount	Cash Value
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

65. List other insurance coverage in effect:

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

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

Firm Name	Ownership	Type Business	NANDA Code
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS: _____

Completed By: _____
 Title: _____
 Date: _____