

SHEA SURETY



INSURANCE SERVICES

CONTRACTOR'S QUESTIONNAIRE

Contractor _____	Other _____
Address _____	Individual _____
Phone # _____	Partnership _____
Fax # _____	C Corporation _____
Web Site _____	S Corporation _____
Date Co. Started _____	Joint Ventures _____
Primary Contact Person _____	
Email Address _____	

Federal Tax ID Number _____

Contractors License Number(s) _____

Type of Construction _____

Territory _____

What percentage of work is as:

General Contractor? _____%	Public _____%
Subcontractor _____%	Private _____%
Prime _____%	100 %
100 %	

What percentage of your work is normally subbed out? _____%

What trades do you sub out? _____

Do you bond subs? Yes ___ No ___ Would you at surety request? Yes ___ No ___

How often are you required to provide bonds?

Frequently _____ Occasionally _____ Seldom _____

Union _____ Merit/Open Shop _____

Do you ever engage in Joint Ventures? _____

INDEMNIFYING OWNERS AND SPOUSES

Name	Social Security Number	Date of Birth	Percent of Ownership	Title/ Position	Years of Experience

(Attach resumes for each owner/key employee)

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PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES (PAST OR PRESENT)

Name	Scope of Operations	Ownership

(Please attach most recent financial statement for any such entity)

Does applicant engage in or plan to engage in any real estate, development, or speculative building activities? Yes ___ No ___
 If yes please describe _____

Is contractor engaged in any other business besides contracting? Yes ___ No ___
 If yes please describe _____

CONTINUITY – JOB COMPLETION

Is there a formal Buy-Sell Agreement in effect? Yes ___ No ___

Does this agreement cover disability? Yes ___ No ___

Is the agreement funded by Life Insurance? Yes ___ No ___ (Please attach a copy of agreement)

In the event of owner(s) death or incapacitation, is a plan in effect to complete all work on hand?
 Yes ___ No ___ Please describe: _____

**JOB EXPERIENCE
(Five Largest Jobs)**

Year	Project Name	Contract Amount	Profit	Project Contact Person	Phone Number

Largest amount of uncompleted work on hand (backlog): Year _____ \$ _____

Size of job/work program best able to handle: Aggregate \$ _____ Single \$ _____

Present surety needs:
 Single Bond Maximum _____ Maximum Backlog _____

Prior/Present Surety Company _____ How long? (years) _____

Prior/Present Surety Broker _____ How long? (years) _____

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ACCOUNTING AND FINANCIAL INFORMATION

Accounting Firm:

Name: _____ Public Accountant

Address: _____ Bookkeeper CPA

Contact's Name: _____ Phone Number _____

For how many years has this firm prepared your financial statements? _____
Your Tax Return? _____

How often are financial statements prepared? _____ By Whom? _____

When is your fiscal year end? _____

Method of Accounting:

(Please check one on each line)

	<u>% of Completion</u>	<u>Completed Contract</u>	<u>Accrual</u>	<u>Cash</u>
For Financial Purposes:	_____	_____	_____	_____
For Tax Purposes:	_____	_____	_____	_____

If Subchapter **S** Corporation:

1. On what basis are earnings reported on Federal Tax Form 1120S? _____
(Please attach copy)

2. What amount of the undistributed income shown on the last fiscal year end has now been distributed? _____

(Surety may request copies of tax returns.)

Have your operations been profitable since the last financial statement? Yes _____ No _____

Are all taxes current? Yes _____ No _____

Have any changes occurred since last financial statement such as the purchase of equipment, loans to officers, investments, withdrawals, or dividends that significantly affect the financial condition of the firm? Yes _____ No _____

If yes, please describe:

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CREDIT INFORMATION

List your 5 major Suppliers:

Name/Address	Contact Person/Phone#
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

At the present are your payables:

Discounted _____ Paid within Terms _____

0-30 days late _____ 30-60 days late _____ Over 90 days late _____

Special Terms _____

REFERENCES

List 5 General Contractors, Subcontractors, Architects, Engineers or Owners with whom you have worked in the last two years:

Name	Project	Contact Person/Phone #
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

(Attach job letters of reference, if available.)

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JOB COSTING

1. Who is responsible for estimating? _____
2. Estimates are prepared: Manually _____ Computer _____ Both _____
3. Are all estimates checked by more than one individual? _____
4. How often are job costs posted? Daily _____ Weekly _____ Monthly _____
5. Are progress reports made to management? Y ___ N ___ If yes, how often? _____
6. Are comparisons made of actual job cost vs. original estimated costs? _____

INSURANCE

Please issue to us a Certificate of Insurance to verify that all exposures are properly covered.

ADDITIONAL COMMENTS/REFERENCES

(Please provide any other information you feel may be helpful.)
