

# NSSI

**NATIONAL SURETY SERVICES, INC.**

1534 Dunwoody Village Parkway • Suite 220 • Atlanta, Georgia 30338  
1-800-953-6699 • (770) 394-9444 • FAX (770) 394-6888

## CONTRACTORS QUESTIONNAIRE

1. Name of Firm: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

2. Address: \_\_\_\_\_ County: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (zip)

3. Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

4. Contracting Specialty: \_\_\_\_\_ Email Add: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ 6. Title: \_\_\_\_\_

7. Date Business Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 8. Type of Business: Corp.  Part.  Prop.  Sub. "S" Corp.

9. State of Incorporation: \_\_\_\_\_ 10. Company Year End: \_\_\_\_\_

11. Federal Express Billing No.: \_\_\_\_\_ or UPS Billing No.: \_\_\_\_\_

12. Areas of Operation: \_\_\_\_\_

13. List the Corporate Officers, Partners or Proprietors of Your Firm (If Incorporated, Please Indicate Corporate Secretary):

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Social Security No.</u>	<u>Married Yes/No</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

14. Is there A Buy-Sell Agreement Among the Owners of the Business? Yes  No  If Yes, Please Attach a Copy of the Agreement.

15. Is this Agreement Funded by Life Insurance? Yes  No

16. Does the Company have a Continuity Plan in Effect? Yes  No  If Yes, Please Attached a Copy of the Plan.

17. How Many People Does Your Firm Employ? \_\_\_\_\_ 18. How Many Work Crews? \_\_\_\_\_

19. Does Your Firm Utilize Union Work Crews? Yes  No  If Yes, What Percent: \_\_\_\_\_%

20. Has Your Firm or any of its Principals Ever Petitioned for Bankruptcy, Failed in Business, or Caused a Loss to a Surety? Yes  No   
If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is Your Firm or any of its Owners/Officers Currently Involved in any Litigation? Yes  No   
If Yes, Please 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

Please Explain: \_\_\_\_\_

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 Perform 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. Does your Firm Lease Equipment? Yes  No  Type of Lease: \_\_\_\_\_

32. What are the Terms of the Lease? \_\_\_\_\_

33. Name of Your CPA: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

34. On What Basis are Taxes Paid? Cash  Accrual  Completed Job  Percentage of Completion

35. On What Basis are Financial Statements Prepared? Cash  Accrual  Percentage of Completion

36. On What Level of Assurance are Financial Statements Prepared? Compilation  Reviewed  Audit

37. How Often are Financial Statements Prepared? Monthly  Quarterly  Semi-Annually  Annually

38. Do You Have a Full Time Accountant or Controller on Staff? Yes  No  If Yes, Years of Experience: \_\_\_\_\_

39. Does Your Firm Prepare any of the Following Internal Reports (Please Check all that Apply):

Monthly Balance Sheet  Monthly P & L Statement  Monthly Aging of Accounts Receivable and Payable

40. Are Job Cost Records Maintained? Yes  No

How are they Maintained: Computerized  Manually  How Often are They Reviewed? \_\_\_\_\_

How Often are They Updated? \_\_\_\_\_ Do They Show Job Detail? Yes  No

41. Name of Your Bank: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

42. Does the Firm or any of the Principals Have a Bank Line of Credit? Yes  No

Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How is it Secured? \_\_\_\_\_

43. Previous Bonding Companies: (Please Add More Lines if Needed)

Name

Reason for Leaving

A. \_\_\_\_\_

B. \_\_\_\_\_

44. List Three of Your Largest Contracts: (This Can Include Completed and Uncompleted Projects)

A. Owner: \_\_\_\_\_ Project Title: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

B. Owner: \_\_\_\_\_ Project Title: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

C. Owner: \_\_\_\_\_ Project Title: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

45. List Five of Your Major Suppliers:

A. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

D. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

E. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

46. List Three Subcontractors You Do Business With:

A. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Most Recent Project: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Most Recent Project: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Most Recent Project: \_\_\_\_\_

47. List any Life Insurance in Effect under the Company: (Please add More Lines if Needed)

A. Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

B. Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

48. List any Subsidiaries and/or Affiliates of the Company: (Please add More Lines if Needed)

Name	Ownership	Type of Business
A. _____	_____	_____
B. _____	_____	_____

49. List the Full Name of Each Stockholder's/Owner's Spouse: (Please add More Lines if Needed)

Full Legal Name	Social Security Number	Full Legal Name	Social Security Number
A. _____	_____	D. _____	_____
B. _____	_____	E. _____	_____

**IMPORTANT**  
**(Read Carefully)**

The Undersigned hereby affirms that the foregoing statements made, and answers given, are the truth and are made to induce the Surety to execute or procure the execution of surety bonds, and any extensions, modifications, or renewal thereof, or substitution therefore. The undersigned further affirms that he/she understands the bond(s) applied for is a credit relationship, and hereby authorizes National Surety Services, Inc. and the Surety to gather such credit information as it considers necessary and appropriate for purposes of evaluating whether such credit should be granted. The Undersigned also acknowledges that any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(President, Partner or Owner)