

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Name of Firm: | | | | | | | | | | | | | | | | | Tel. #: | | | | |
| Address: | | | | | | | | | | | | | | | | | Fax #: | | | | |
| City: | Province: | | | Postal Code: | | | Incorporation Date: | | | | | Type of Business: | | | | Individual  Partnership | | | | | Corporation |
| Class of Contractor (Check all that apply): | | | Civil Construction  Highway Design-Builds | | | | | | Underground/Utilities  Trade Contractor | | | | | | General Builder  Other | | | | | Is your Operation: Union  Non-Union | |
| What type of work do you normally undertake? | | | | | | | | | | | | | | | | | | | | | |
| In what geographical areas? | | | | | | | | | | | | | | | | | | | | | |
| **Shareholders-Corporate Officers-Partners-Proprietor** | | | | | | | | | | | | | | | | | | | | | |
| **Name (In full including middle initials)** | | | | | **Age** | | | **Position** | | | | | | **% of Stock** | | | | **Name of Spouse**  **(In full including middle initial)** | | | |
|  | | | | |  | | |  | | | | | |  | | | |  | | | |
|  | | | | |  | | |  | | | | | |  | | | |  | | | |
|  | | | | |  | | |  | | | | | |  | | | |  | | | |
| Will all of the above and their spouses personally indemnify surety?  Yes  No If yes, please explain fully: | | | | | | | | | | | | | | | | | | | | | |
| Is your organization presently involved in any litigation? | | | | | | | | | | | | | | | | | | | | | |
| Yes  No If yes, please explain fully: | | | | | | Jurisdiction: | | | | | | | | Country: | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | |
| Estimate time to completion: | | | | | | | | | | | | | | | | | | | | | |
| If you have been previously bonded, state name of surety and reason for change: | | | | | | | | | | | | | | Do you have lien bonds currently outstanding? | | | | | | | |
| Has a bonding company ever paid a claim on your behalf? If yes, please explain fully: | | | | | | | | | | | | | | Yes No | | | | | | | |
| Has this company, any predecessor company, parent, associate or affiliate, or have any of the shareholders ever been corporately or personally insolvent?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If Yes, Please explain fully: | | | | | | | | | | | | | | | | | | | | | |
| List any subsidiaries or affiliated companies-exact name, type of business, ownership, address of any branch offices (or attach a detailed corporate organization chart): | | | | | | | | | | | | | | | | | | | | | |
| What portion of your work is normally for: Government agencies? | | | | | | | | | | | % | | Private owners? | | | | | | % | | |
| On average, what portion of your work is sub-contracted? | | | | | | | | | | % | | | | | | | | | | | |
| Do you normally require bonds from your subs?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If yes, over what size subcontract? $ | | | | | | | | | | | | | | | | | | | | | |
| If no, please explain fully: | | | | | | | | | | | | | | | | | | | | | |
| Do you engage in Joint ventures?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If yes, list the firms you have joint ventured with in the past 5 years: | | | | | | | | | | | | | | | | | | | | | |
| Do you have the necessary equipment to perform anticipated job/total work program?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If no, what equipment will you be acquiring in the next year? | | | | | | | | | | | | | | | | | | | | | |
| $ | | Financing $ | | | | | | | | | | | | | | | | | | | |
| Attach current equipment schedule, do you lease equipment?  Yes  No | | | | | | | | | | | | | | | | | | | | | |
| If yes, provide terms of any lease agreements not explained in your latest financial statements: | | | | | | | | | | | | | | | | | | | | | |

**Contractor’s Questionnaire**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Key Personnel:** | | | | | | | | | | | | |
| Complete below only if you are NOT attaching resumes OR attach resume for each person | | | | | | | Summarize education, size and type of work handled and in what capacities if hired within the past 3 years, list the 2 most recent other employers | | | | | |
| Name: | | | | | | |  | | | | | |
| Position: | | | | | | |  | | | | | |
| With company since: | Years of construction experience: | | Age: | | | |  | | | | | |
|  | | | | | |
| Name: | | | | | | |  | | | | | |
| Position: | | | | | | |  | | | | | |
| With company since: | Years of construction experience: | | Age: | | | |  | | | | | |
|  | | | | | |
| Name: | | | | | | |  | | | | | |
| Position: | | | | | | |  | | | | | |
| With company since: | Years of construction experience: | | Age: | | | |  | | | | | |
|  | | | | | |
| Name: | | | | | | |  | | | | | |
| Position: | | | | | | |  | | | | | |
| With company since: | Years of construction experience: | | Age: | | | |  | | | | | |
|  | | | | | |
| On what basis are your financial statements prepared?  % of completion  Completed contract  Accrual  Other | | | | | | | | | | | | |
| CA/CGA Firm and contact person: | | | | | | | | | Tel. #(s): | | | |
| Are financial statements  prepared internally?  Yes  No  How often are they prepared?  Monthly  Other (explain): | | | | | | Does your office staff include a full time accountant?  Yes  No  If yes, how long has he/she been employed by you?  Qualifications (if any): | | | | | | |
| Are individual job cost records prepared?  Yes  No  If yes, how often are they updated?  Daily  Weekly  Monthly | | | | | | Reviewed?  Weekly  Monthly | | | | | Do you prepare work on hand schedules:  Monthly  Other (Explain): | |
| Bank/Address/Contact (Of not shown in bank letter): | | | | | | | | | | | Tel. #(s): | |
| What is your total line(s) of credit? $ | | | | | | | | | | | | |
| How much of your line is current available? $ | | | | ► Attach a copy of your latest bank “Terms and Conditions” letter | | | | | | | | |
| What is the largest amount of uncompleted work on hand at any one time in the past? | | | | | | | | | | | | |
| Amount: $ | | Year: | | | | | | | | | | |
| **List the 5 Largest contracts completed by your company in the past 10 years:** | | | | | | | | | | | | |
| **Project-Name/Owner** | | | | | **Contract Price** | | | | | **Gross Profit** | | **Start and Completion Dates** |
|  | | | | | $ | | | | | $ | |  |
|  | | | | | $ | | | | | $ | |  |
|  | | | | | $ | | | | | $ | |  |
|  | | | | | $ | | | | | $ | |  |
|  | | | | | $ | | | | | $ | |  |
| **List 5 of your major suppliers:** | | | | |  | | | | |  | |  |
| **Name:** | | | **Tel. #** | | | | | **Full Mailing Address** | | | | **Credit Manager/Contact** |
|  | | |  | | | | |  | | | |  |
|  | | |  | | | | |  | | | |  |
|  | | |  | | | | |  | | | |  |
|  | | |  | | | | |  | | | |  |
|  | | |  | | | | |  | | | |  |
| At present, your firm is:  Discounting Bills  Paying in 30 Days  Paying in 30 to 60 Days  Paying over 60 Days  Special Terms (Explain): | | | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **List 5 Subcontractors with whom you have worked in the past 5 years (List contractors if you are a subcontractor):** | | | | | | | | | | | |
| **Name** | | | **Full mailing address and contract name** | | | | | | | **Tel. #** | |
|  | | |  | | | | | | |  | |
|  | | |  | | | | | | |  | |
|  | | |  | | | | | | |  | |
|  | | |  | | | | | | |  | |
|  | | |  | | | | | | |  | |
| **List 3 Architects or Engineers who have supervised your work in the past 5 years:** | | | | | | | | | | | |
| **Architect** | | | **Full mailing address and contact name** | | | | | | | **Owner/Project** | |
|  | | |  | | | | | | |  | |
|  | | |  | | | | | | |  | |
|  | | |  | | | | | | |  | |
| **List any “key man” life insurance carried:** | | | | | | | | | | | |
| **Name of Insured** | **Amount** | | | **Issuing Company** | | | **Beneficiary** | | | | **Cash/Surrender Value (if any)** |
|  |  | | |  | | |  | | | |  |
|  |  | | |  | | |  | | | |  |
|  |  | | |  | | |  | | | |  |
| **List General Insurance Coverages in effect:** | | | | | | | | | | | |
| **Coverage** | | **Limits** | | | **Expiry Date** | | | | **Issuing Company** | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
|  | |  | | |  | | | |  | | |
| What has been your insurance claims experience over the last 3 years? (Attach list, if any) | | | | | | | | | | | |
| General Liability? | | Auto? | | | Equipment Floater? | | | | Course of Construction? | | |
| What size projects and backlog do you feel your organization can undertake? | | | | | | | | | | | |
| Single job: $ | | Total work program: $ | | | | | | (At any point of time) | | | |
|  | | | | | | | | | | | |
| Prepared by: | | Position: | | | |  | | |  | | |
| Signature: | | Date: | | | |  | | |  | | |
|  | | | | | | | | | | | |
| Please provide your last three year end financial statements and your most current interim financial statements. | | | | | | | | | | | |
| Please complete the attached schedule of work progress in form, as at your last fiscal year end and a second form at the most recent month-end. | | | | | | | | | | | |
| Please provide a copy of your most recent bank ‘Terms and Conditions” letter. | | | | | | | | | | | |
| Please provide completed personal net worth forms for each personal indemnitor. | | | | | | | | | | | |