



Contractor's Questionnaire

Name of Firm:				Tel. #:	
Address:				Fax #:	
City:	Province:	Postal Code:	Incorporation Date:	Type of Business:	<input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership
Class of Contractor (Check all that apply):		<input type="checkbox"/> Civil Construction <input type="checkbox"/> Highway Design-Builds	<input type="checkbox"/> Underground/Utilities <input type="checkbox"/> Trade Contractor	<input type="checkbox"/> General Builder <input type="checkbox"/> Other	Is your Operation: <input type="checkbox"/> Union <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain fully:					
Is your organization presently involved in any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> 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: Has a bonding company ever paid a claim on your behalf? If yes, please explain fully:				Do you have lien bonds currently outstanding? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Has this company, any predecessor company, parent, associate or affiliate, or have any of the shareholders ever been corporately or personally insolvent? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, over what size subcontract? \$ If no, please explain fully:					
Do you engage in Joint ventures? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what equipment will you be acquiring in the next year? \$ Financing \$ Attach current equipment schedule, do you lease equipment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide terms of any lease agreements not explained in your latest financial statements:					

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? <input type="checkbox"/> % of completion <input type="checkbox"/> Completed contract <input type="checkbox"/> Accrual <input type="checkbox"/> Other			
CA/CGA Firm and contact person:		Tel. #(s):	
Are financial statements prepared internally? <input type="checkbox"/> Yes <input type="checkbox"/> No How often are they prepared? <input type="checkbox"/> Monthly <input type="checkbox"/> Other (explain):		Does your office staff include a full time accountant? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how long has he/she been employed by you? Qualifications (if any):	
Are individual job cost records prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often are they updated? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly		Reviewed? <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly	Do you prepare work on hand schedules: <input type="checkbox"/> Monthly <input type="checkbox"/> 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: <input type="checkbox"/> Discounting Bills <input type="checkbox"/> Paying in 30 Days <input type="checkbox"/> Paying in 30 to 60 Days <input type="checkbox"/> Paying over 60 Days <input type="checkbox"/> 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.				