



10055 West Gulf Bank  
Houston, TX 77040

**CONTRACTOR QUESTIONNAIRE**  
Email to eBonds@bch-insurance.com

**Have this form completed and submit with:**

1. Last three fiscal year end statements and concurrent work in progress schedules.
2. Personal financial statements on major stockholders. (Preferably concurrent with last corporate fiscal year end.)
3. Copy of existing buy-sell or continuation agreement
4. Letter from contractor's bank describing line of credit, security for line, present outstanding balance, and past experience.
5. Resumes on key personnel.
6. Most current interim financial statement and concurrent work in progress schedule.

**NAME OF FIRM:**

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**MAILING ADDRESS:**

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**PHYSICAL ADDRESS:**

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**TELEPHONE NUMBER (INCLUDE AREA CODE):**

**FEDERAL TAX ID NUMBER:**

**BUSINESS ENTITY:**  CORPORATION  INDIVIDUAL  PARTNERSHIP  JOINT VENTURE

**DATE BUSINESS BEGAN:** \_\_\_\_\_ **FISCAL YEAR END** \_\_\_\_\_

**HOW ARE TAXES PAID:**  % OF COMPLETION,  COMPLETED CONTRACT,  ACCRUAL  CASH

**WHO PREPARED YOUR STATEMENTS?**  CPA  PUBLIC ACCOUNTANT  STAFF ACCOUNTANT  STAFF CPA  OWNER

**IF CPA PREPARED, ARE THEY**  COMPILED  AUDITED  REVIEWED

**CLASS OF CONTRACTOR:**  HEAVY CONSTRUCTION  SPECIALTY  GENERAL CONTRACTOR  HIGHWAY  
 SUBCONTRACTOR  OTHER (DESCRIBE)

**OWNERSHIP, CORPORATE OFFICERS, PARTNERS, SOLE PROPRIETOR INFORMATION: COMPLETE FOR ALL CORPORATE OFFICERS, PARTNERS, OR ANY OWNER HOLDING 5% OR MORE INTEREST IN THE COMPANY: (attach supplemental schedule as needed)**

**FULL LEGAL NAME** \_\_\_\_\_ **SOCIAL SECURITY NO.** \_\_\_\_\_ **OWNERSHIP** \_\_\_\_\_ **%** \_\_\_\_\_

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**POSITION** \_\_\_\_\_ **HOME ADDRESS** \_\_\_\_\_

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**NAME OF SPOUSE** \_\_\_\_\_

FULL LEGAL NAME SOCIAL SECURITY NO. OWNERSHIP %  
POSITION HOME ADDRESS  
NAME OF SPOUSE

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NAME OF SPOUSE

**KEY PERSONNEL**

ATTACH RESUME OF EACH PERSON INCLUDING THOSE LISTED ABOVE, OUTLINING AGE, PRINCIPAL DUTIES, EDUCATION, EXPERIENCE, SPECIFYING TYPE OF WORK, LARGEST JOBS, POSITIONS HELD, AND ALL PREVIOUS EMPLOYERS

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)

IS YOUR ORGANIZATION PRESENTLY INVOLVED IN ANY LITIGATION?  YES  NO IF YES, PLEASE EXPLAIN FULLY

PRIOR OR CURRENT BOND COMPANY: LARGEST BOND WRITTEN

REASON FOR LEAVING BOND COMPANY:

LIST ANY SUBSIDIARIES OR AFFILIATED COMPANIES  Not Applicable or,  Attach Schedule with EXACT NAME, TYPE OF BUSINESS, OWNERSHIP

WHAT TYPE OF WORK DO YOU NORMALLY UNDERTAKE?

LARGEST PREVIOUS WORK PROGRAM \$ YEAR

ANTICIPATED AMOUNT OF WORK (next 12 months):

WHAT PORTION OF YOUR WORK IS NORMALLY FOR: GOVERNMENT AGENCIES % PRIVATE OWNERS %

IN WHAT GEOGRAPHICAL AREA?

ON THE AVERAGE, WHAT PORTION OF YOUR WORK IS SUB-CONTRACTED? % DO YOU NORMALLY REQUIRE BONDS OF YOUR SUBS?  YES  NO IF NO, EXPLAIN

DO YOU OFTEN ENGAGE IN JOINT VENTURES?  YES  NO

DO YOU HAVE THE NECESSARY EQUIPMENT TO PERFORM ANTICIPATED JOB/PROGRAM?  YES  NO

DO YOU LEASE EQUIPMENT?  YES  NO

IF YES, GIVE TERMS OF LEASE AGREEMENTS:

IS YOUR OPERATION  UNION?  NON-UNION?

WHAT SIZE PROJECTS AND BACKLOG DO YOU FEEL YOUR ORGANIZATION CAN UNDERTAKE?

Single Job \$

Total Program \$

NAME AND ADDRESS OF BANK

WHAT IS TOTAL LINE? HOW SECURED INTEREST RATE LOAN OFFICER & PHONE NUMBER

HOW MUCH OF YOUR LINE IS CURRENTLY AVAILABLE? FILING UNDER UNIFORM COMMERCIAL CODE?  YES  NO | FURNISH BANK LETTER SETTING FORTH LINE

WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND AT ANY ONE TIME IN THE PAST?

AMOUNT \$

YEAR

**JOB**

**CONTRACT PRICE**

**DATE COMPLETED**

**GROSS PROFIT**

**LIST 5 OF YOUR MAJOR SUPPLIERS**

**NAME**

**ADDRESS**

**TELEPHONE NO.**

**CONTACT/CREDIT MANAGER**

**AT PRESENT, YOUR FIRM IS**

- DISCOUNTING BILLS**
- 30 TO 60 DAYS**
- SPECIAL TERMS**
- PAYING IN 30 DAYS**
- OVER 60 DAYS**
- (EXPLAIN)**

**LIST 5 SUBCONTRACTORS (CONTRACTORS, IF YOU ARE A SUBCONTRACTOR)  
WITH WHOM YOU HAVE WORKED IN THE LAST 2 YEARS**

**NAME**

**ADDRESS**

**TELEPHONE NO.**

**CONTACT**

**LIST 3 ARCHITECTS OR ENGINEERS WHO HAVE  
SUPERVISED YOUR WORK IN THE PAST YEAR**

**ARCHITECT/ENGINEER**

**ADDRESS**

**TELEPHONE NO.**

**OWNER/PROJECT**

**NAME**

**LIST ANY "KEY MAN" INSURANCE CARRIED  
AMOUNT**

**ISSUING COMPANY**

**SURRENDER VALUE**

**LIST INSURANCE COVERAGES IN EFFECT (OR ATTACH CURRENT CERTIFICATE OF INSURANCE)**

**DATE**

**SIGNATURE**