

# Construction Contractor's Questionnaire

Business Name: \_\_\_\_\_  
 Physical Address: \_\_\_\_\_ Telephone No \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Federal ID Number \_\_\_\_\_ Web Site \_\_\_\_\_

## General Questions

Business Structure:      LLC    C Corporation    Partnership    Individual    Sub-Chapter 'S' Corporation

Type(s) of construction performed: \_\_\_\_\_

Type of Shop:      Union      Non-Union      Merit / Open Shop

Geographical Area of Operations: \_\_\_\_\_

Our contracts are with:                      Directly with owner (You as Prime contractor)     \_\_\_\_\_ %  
   General Contractors (You as Subcontractor)             \_\_\_\_\_ %  
   Subcontractors (You as Sub-subcontractor)            \_\_\_\_\_ %

What trades are subcontracted? \_\_\_\_\_

When do you secure bonds from subcontractors? \_\_\_\_\_

How often are you required to provide bonds?      Frequently      Occasionally      Very Seldom

## History

Date business established: \_\_\_\_\_ Date Incorporated: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

When did current management assume control? \_\_\_\_\_

## Organization / Owners / Key Employees

List all Owners & Officers

	Name	Position	% Owned	DOB	Social Security No.
1.					
2.					
3.					
4.					

	Spouse's Name	Social Security No.	DOB	Physical Home Address
1.				
2.				
3.				
4.				

Are all owners personally active in this business?

Yes      No     If no, please explain: \_\_\_\_\_

Are all owners and their spouse(s) willing to personally indemnify the bonding company?

Yes      No     If no, please explain: \_\_\_\_\_

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## Current Work-on-Hand

The following questions pertain to the latest Work-On-Hand form furnished. **Please explain any "yes" answers.**

Was your bid on any project more than 10% below that of the second bidder and the engineer's estimate?

Yes     No \_\_\_\_\_

Are any projects behind scheduled completion or in **Liquidated Damages** for late completion?

Yes     No \_\_\_\_\_

Are there any delays or disputes on any projects?

Yes     No \_\_\_\_\_

## Accounting / Financial Reporting

Accounting Firm: \_\_\_\_\_ Name of Accountant: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: (\_\_\_\_\_) \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Date of your fiscal year end: \_\_\_\_\_

This firm is a:     CPA     Public Accountant     Other                      This accounting firm is:     Independent     Internal

How many years has this firm prepared your financial statements? \_\_\_\_\_ Tax returns? \_\_\_\_\_

The year-end statement is:                       Full audit                       Partial audit                       Review quality     Compilation

Method of accounting for financial reporting:     % of completion     Completed contract     Accrual                       Cash

Method of accounting for tax purposes:             % of completion     Completed contract     Accrual                       Cash

How often are interim statements prepared?     Monthly                       Quarterly                       Semi-Annually

The interim statement is:                       Full audit                       Partial audit                       Review quality     Compilation

Have your operations been profitable since the last statement date?

Yes     No

Have there been any major changes in your financial condition since last statement date with respect to ownership, major loans or refinancing, major equipment purchases or leases, withdrawals or other?

Yes     No

If yes, explain: \_\_\_\_\_

How often are internal cost accounting records updated to show changes in a job's profitability?

daily basis     weekly basis     monthly basis     quarterly basis     cannot tell until job is completed

## Bonding & Insurance

List all bonding agencies and surety companies with whom you have dealt with in the past.

Bond Agency	Carrier/Surety	Year(s)	Reason for Leaving

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Date when last Performance Bond was provided: \_\_\_\_\_ Surety Company: \_\_\_\_\_

List all open bonds with other sureties (project name, contract amount, estimated completion date):

\_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

## Underwriting Questions

*Please explain any "yes" answers.*

Has your company or any officer or partner ever filed bankruptcy or otherwise been compromised with creditors?

Yes  No \_\_\_\_\_

Is there currently any litigation pending or in process against your firm or any affiliate or officer?

Yes  No \_\_\_\_\_

Has your company ever failed to qualify for a bond after an award of a contract?

Yes  No \_\_\_\_\_

Has your company ever failed to complete a contract?

Yes  No \_\_\_\_\_

Has your bond credit ever been terminated by a surety?

Yes  No \_\_\_\_\_

Is your company, any Affiliate, any subsidiary, or any other company you now own or did own, in a surety's Claim Department?

Yes  No \_\_\_\_\_

Are you acting as surety or bondsman for others?

Yes  No \_\_\_\_\_

Are you acting as endorser for others on their notes or accounts?

Yes  No \_\_\_\_\_

Does your company or any officer or partner owe any money to a bonding company?

Yes  No \_\_\_\_\_

Are any of the officers, stockholders, owners or any companies they have a financial interest in, currently engaged or intend to engage in any form of real estate investment, development, building or any other form of speculative venture?

Yes  No If yes, describe: \_\_\_\_\_

In addition to contracting, what other business activities are you engaged or intend to engage in?

\_\_\_\_\_

List any subsidiaries, holding companies and/or affiliates of the applying company or entities that are owned/controlled by the owners and / or spouses listed above.

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## Parent / Affiliate / Related Businesses

Name of Business	Owned By	Scope of Operations

Is cross-corporate indemnity available for all parent, affiliate, and/or related businesses?

Yes     No    If no, please explain: \_\_\_\_\_

## Life Insurance

Name of Insured	Amount	Insurance Company	Beneficiary

## Continuity

Is there a formal Buy-Sell Agreement in effect?

No     Yes (If yes, attach a copy)

How is the Buy-Sell Agreement funded? \_\_\_\_\_

What arrangements have been made to assure contracts are completed in the event of the owner(s) death or disability?

## Banking

Name of bank: \_\_\_\_\_ With the Bank Since: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Name of Loan Officer: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_

Have you established a revolving Line of Credit with your banker?     Yes     No

Line of Credit Limit: \$ \_\_\_\_\_ Amount Currently in Use: \$ \_\_\_\_\_

Date Line of Credit Established: \_\_\_\_/\_\_\_\_/\_\_\_\_    Expiration date of line of credit: \_\_\_\_/\_\_\_\_/\_\_\_\_

Description of security on line of credit:

Unsecured     Accounts Receivable     Inventory     Contract Rights

Equipment     Real Estate     Personal Endorsement

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## Job Experience

Largest single job completed: \$ \_\_\_\_\_ Year \_\_\_\_\_  
Largest single bonded job completed: \$ \_\_\_\_\_ Year \_\_\_\_\_ Surety \_\_\_\_\_  
Largest amount of uncompleted work at one time: \$ \_\_\_\_\_ Year \_\_\_\_\_ No. of Jobs \_\_\_\_\_  
Largest single job ever bid: \$ \_\_\_\_\_ Year \_\_\_\_\_  
Bond line desired: Single Project \$ \_\_\_\_\_ Total Aggregate Bonding \_\_\_\_\_

## Largest Contracts

**1. Project Name:** \_\_\_\_\_ **Year Completed** \_\_\_\_\_

Location (City & State) \_\_\_\_\_ Dollar Amount of Project \$ \_\_\_\_\_

Project Owner (or GC) for Whom You Worked \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_ Fax \_\_\_\_\_

Name of Surety \_\_\_\_\_ Amount of Profit \$ \_\_\_\_\_

**2. Project Name:** \_\_\_\_\_ **Year Completed** \_\_\_\_\_

Location (City & State) \_\_\_\_\_ Dollar Amount of Project \$ \_\_\_\_\_

Project Owner (or GC) for Whom You Worked \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_ Fax \_\_\_\_\_

Name of Surety \_\_\_\_\_ Amount of Profit \$ \_\_\_\_\_

**3. Project Name:** \_\_\_\_\_ **Year Completed** \_\_\_\_\_

Location (City & State) \_\_\_\_\_ Dollar Amount of Project \$ \_\_\_\_\_

Project Owner (or GC) for Whom You Worked \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_ Fax \_\_\_\_\_

Name of Surety \_\_\_\_\_ Amount of Profit \$ \_\_\_\_\_

**4. Project Name:** \_\_\_\_\_ **Year Completed** \_\_\_\_\_

Location (City & State) \_\_\_\_\_ Dollar Amount of Project \$ \_\_\_\_\_

Project Owner (or GC) for Whom You Worked \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_ Fax \_\_\_\_\_

Name of Surety \_\_\_\_\_ Amount of Profit \$ \_\_\_\_\_

**5. Project Name:** \_\_\_\_\_ **Year Completed** \_\_\_\_\_

Location (City & State) \_\_\_\_\_ Dollar Amount of Project \$ \_\_\_\_\_

Project Owner (or GC) for Whom You Worked \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Contact's Email \_\_\_\_\_ Fax \_\_\_\_\_

Name of Surety \_\_\_\_\_ Amount of Profit \$ \_\_\_\_\_

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## References

List your three (3) major suppliers

	Business Name & Full Mailing Address	Phone Number
1.		
2.		
3.		

List three (3) subcontractors with whom you have worked in the past two years:

	Business Name & Full Mailing Address	Phone Number
1.		
2.		
3.		

## Trusts

Are any owners' personal assets held in trusts?

No       Yes If yes, please attach a copy.

If trusts exist, will they indemnify the surety?

No       Yes If no, please explain: \_\_\_\_\_

### CREDIT AUTHORIZATION

Each Indemnitee (i) authorizes Surety to obtain information from third parties, including personal credit reports, in connection with Surety's initial and on-going underwriting of any Bonds that Surety considers issuing for any Principal; and (ii) releases Surety from any and all liability relating to same.

### NON-BINDING:

The signing of this Application does not bind the Surety to issue, or the Applicants/Indemnitors to purchase, any surety Bonds.

### FRAUD NOTICES:

(Not State Specific; see Fraud Notices Applicable in Certain Specific States below): Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects that person to criminal and civil penalties.

**APPLICABLE IN ALABAMA, ARKANSAS, ARIZONA, DISTRICT OF COLUMBIA, LOUISIANA, MARYLAND, RHODE ISLAND, & WEST VIRGINIA:** Any person who knowingly (*or willfully in MD*) presents a false or fraudulent claim for payment of a loss or benefit or who knowingly (*or willfully in MD*) presents false information in an application for insurance is guilty of a crime and may be subject to restitution, or fines, or confinement in prison, or any combination thereof.

**APPLICABLE IN COLORADO:** It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

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**APPLICABLE IN THE DISTRICT OF COLUMBIA:** Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits, if false information materially related to a claim was provided by the applicant.

**APPLICABLE IN FLORIDA AND OKLAHOMA:** Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony (*in Florida, a felony of the third degree*).

**APPLICABLE IN KANSAS:** Any person who, knowingly and with intent to defraud, presents, causes to be presented or prepares with knowledge or belief that it will be presented to or by an insurer, purported insurer, broker or any agent thereof, any written statement as part of, or in support of, an application for the issuance of, or the rating of an insurance policy for personal or commercial insurance, or a claim for payment or other benefit pursuant to an insurance policy for commercial or personal insurance which such person knows to contain materially false information concerning any fact material thereto; or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act.

**APPLICABLE IN KENTUCKY & PENNSYLVANIA:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime, and subjects such person to criminal and civil penalties.

**APPLICABLE IN OREGON:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto, may commit a fraudulent insurance act, which may be a crime, and which may subject such person to penalties.

**APPLICABLE IN MAINE, TENNESSEE, VIRGINIA, & WASHINGTON:** It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines, or a denial of insurance benefits.

**APPLICABLE IN OHIO:** Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

**APPLICABLE IN NEW YORK:** Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals, for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall be subject to a civil penalty not to exceed five thousand dollars (\$5,000) and the stated value of the claim for each such violation.

The undersigned hereby authorize Skyward Specialty Insurance and its subsidiaries (collectively the "Company"), designated agents and representatives, to verify any information contained in this application for surety credit, and to obtain additional information from any source, including obtaining an investigative consumer report at the time of application, in any review or renewal, at the time of any potential or actual claim, or for any other legitimate purposes as determined by the Company in its reasonable discretion for the purposes of surety bond credit evaluation and underwriting including periodic reviews, extensions, or renewals of credit for the undersigned. Information as to the nature and scope of this report may be obtained upon written request. The scope of the consumer report/investigative consumer report may include, but is not limited to, the following areas:

Verification of social security number; current and previous residences; employment history including all personnel files; education including transcripts; character references; credit history and reports; criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; birth records; motor vehicle records to include traffic citations and registration; and any other public records or to conduct interviews with third parties relative to my character, general reputation, personal characteristics or mode of living.

The undersigned hereby affirms that the statements, information and responses contained herein are true and accurate, and are made to induce the Surety to extend surety credit. The applicants and indemnitors authorize the Company to verify this information and to obtain additional information as it considers necessary from any source including obtaining a credit report. Any person who knowingly and with intent to defraud any insurance company or person files an application containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime under applicable law.

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**Corporate Signature by Authorized Officer:**

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name & Title

**Signature of Owner(s)**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name & Title