

DALEGROUP

INSURANCE & BONDS

Contractor Questionnaire

Name of Firm: _____

Address: _____ Fiscal Yr. End: _____

(city) _____ (state) _____ (zip) _____

Phone: _____ Contracting Specialty: _____

Fax: _____

Contact Person : _____ Title : _____

Year Business Started: _____ Type of Business: Corp. Part. Prop. Sub S. Corp

State of Incorporation: _____ Area of Operation: _____

List of the corporate officers, partners or proprietors of your firm:

Name	Yr. of Birth	Position	Percent Owned	Spouse Indemnitor	SSN
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Will the above individuals and spouses personally indemnify Surety? Yes No

If no explain: _____

Is there a buy/sell agreement among the owners of the business? Yes No

Is this agreement funded by life insurance? Yes No

How many people does your firm employ? _____

Has your firm or any its principals ever petition for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No

If yes, please explain: _____

Is your firm or any of its owners or officers currently involved in any litigation?

Yes No If yes, please explain: _____

What percentage of the firm's work is normally for:

Government Agencies _____ % Private Owners _____ %

What percentage of the firm's work is normally subcontracted: _____ %

Are bonds required of subs? Yes No

What trades do you normally subcontract? _____

What is the largest of uncompleted work on hand at one time in the past?

Amount \$ _____ Year: _____

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What is the largest job you expect to do during the next year? \$ _____

What is the largest uncompleted work program expected during the next year? _____

What is your expected annual volume next year? _____

What trades do you normally undertake with your own forces? _____

Do you lease equipment? Yes No Type of Lease? _____

What are the terms of the lease? _____

Name of your CPA: _____

Address: _____

Phone: _____ Contact Person: _____

On what basis are taxes paid? Cash Completed Job Accrual % of Completion

On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion

On what level of assurance are financial statements prepared? CPA Audit Review Compilation

How often are financial statements prepared? Annually Semi-Annually

Quarterly Monthly

Do you have a full time accountant on staff? Yes No Years of experience: _____

Are job cost records kept? Yes No

Name of your bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of Line of Credit: \$ _____ Expiration Date: _____ Interest Rate: _____ %

Is your firm union? Yes No

Remarks: _____

Previous Bonding Companies:

Name

Reason for Leaving

A. _____

B. _____

C. _____

List five of your largest contracts:

	<u>Job Name</u>	<u>Contract Price</u>	<u>Gross Profit</u>	<u>Completion Date</u>	<u>Bonded?</u>
A.		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner:		Design Professional:			
		Fax Number:			
B.		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner:		Design Professional:			
		Fax Number:			
C.		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner:		Design Professional:			
		Fax Number:			
D.		\$	\$		<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner:		Design Professional:			
		Fax Number:			

E. Owner: \$ Design Professional: Yes No
Fax Number: \$

List five of your major suppliers:

<u>Name</u>	<u>Address</u>	<u>Fax Number</u>	<u>Contact</u>

List five subcontractors (or contractors if your a subcontractor) that you do business with:

- A. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____
- B. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____
- C. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____
- D. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____
- E. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____

List three Architects you have done business with:

- A. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____
- B. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____
- C. Name: _____
Address: _____ Fax Number: _____
Contact: _____ Job: _____

List key personnel, foreman or supervisors:

<u>Name</u>	<u>Position</u>	<u>Yr. Of Birth</u>	<u>Yrs. Experience</u>	<u>Previous Employer</u>

List any life insurance in effect on key personnel:

	<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A.			\$	\$
	Insurance Company:			
B.			\$	\$
	Insurance Company:			
C.			\$	\$
	Insurance Company:			

List other insurance coverage currently in effect:

	<u>Limits in '000's</u>		<u>Carrier</u>	<u>Expiration Date</u>
	<u>Bodily Injury</u>	<u>Property Damage</u>		
General Liability:	\$	\$		
Auto Liability:	\$	\$		
Umbrella:	\$	\$		
Owner's Protection:	\$	\$		

List any subsidiaries and affiliates:

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type Business</u>	<u>NANDA Code</u>
A.				
B.				
C.				
D.				
E.				

SERVICE FEE AGREEMENT (If applicable)

This agreement is for a service fee. A service fee may or may not be part of the premium charged by a surety company.

This agreement is made between Dale Group, Inc. and _____ (hereinafter referred to as Insured) on this ____ day of _____, 20 ____.

It is agreed that a fee is being charged for the Producer providing the services of marketing, bond issuance and all other related customer service duties. This fee is continuous and annually renewable until mutually cancelled by both parties.

Service Fee: \$ _____

Completed by: _____

Title: _____

Date: _____