

Contractor's Questionnaire

Date Prepared:				
Contractor:				
Address:				
Phone:	Email:	FedEx or LSO #:		
What class of co	onstruction do you specialize i	n?		
Date Business F	Formed:	Tax ID #:		
•Has there beer	n any recent change in control	of the company?	Yes	No
•Is company or its owners affiliated with any other companies?			Yes	No
•Has company ever failed to complete a contract?			Yes	No
•Has company ever defaulted on a contract forcing a Surety to suffer a loss?			Yes	No
•Is company involved in any disputes on current or past projects?				No
•Has company, any affiliated company, or any owner ever experienced a bankruptcy?				No
•Are any liens for labor and/or material's filed against company on any contracts?			Yes	No
Name of Prese	nt and Prior Sureties			
<u>Surety</u>	<u>Agent</u>		Phone Number	

Social Security #: _____ Owner's Name: Spouse's Name: Social Security #: Home Address: Phone Number: Percentage of Ownership: Social Security #: ____ Owner's Name: _____ Spouse's Name: Social Security #: _____ Home Address: _____ Phone Number: Percentage of Ownership: Social Security #: Owner's Name: Spouse's Name: ____ Social Security #: Home Address: Phone Number: Percentage of Ownership: **Banking Relationship** Name of Bank: Bank Contact Name: _____ Phone Number: _____ Address: Line of credit amount: Amount in use: Expiration Date: _____ How secured: _____

Ownership Breakdown

Largest Completed Job References

(Please note – Owner may be General Con		
Project Description:		
Contract Price:	Date Completed	:
Project Owner/Engineer Name:		
Contact Name:	Phone Number:	
•Project Description:		
Contract Price:	Date Completed	:
Project Owner/Engineer Name:		
Contact Name:	Phone Number:	
•Project Description:		
Contract Price:	Date Completed	:
Project Owner/Engineer Name:		
Contact Name:	Phone Number:	
Major Suppliers		
Supplier	Contact Name	Phone Number
••••We authorize M Surety Services and the our credit with any Creditors or Lending Ins		atement and to check
Signature:		
Name/Title/Date:		