



Name of Firm: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Fiscal Year End: _____ Phone: _____ Fax: _____
 Contracting Specialty: _____
 Contact Person: _____ Title: _____
 Year Business Started: _____ Area of Operation: _____
 Type of Business: Corp _____ Part _____ Prop _____ Sub S Corp _____
 State of Incorporation: _____ Contractor's License # _____

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

Name: _____	Position: _____	% Owned: _____
SS#: _____ DOB: _____	Spouse Name: _____	Spouse's SS#: _____
Name: _____	Position: _____	% Owned: _____
SS#: _____ DOB: _____	Spouse Name: _____	Spouse's SS#: _____
Name: _____	Position: _____	% Owned: _____
SS#: _____ DOB: _____	Spouse Name: _____	Spouse's SS#: _____
Name: _____	Position: _____	% Owned: _____
SS#: _____ DOB: _____	Spouse Name: _____	Spouse's SS#: _____

List key personnel, controller, estimators, foreman (attach resumes):

Name	Position	Years experience

Has a trust been established? Yes/No _____
 Is there a buy/sell agreement among the owners of the business Yes/No _____
 If yes, is this agreement funded by life insurance? Yes/No _____
 How many people does your firm employ? _____ How many work crews: _____
 Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss
 Yes/No _____ If yes, please explain: _____

Is your firm or any of its owners or officers currently involved in any litigation?
 If yes, please explain: _____



What percentage of your firms work is normally for:

Government Agencies _____ % Private Owners _____ %

What percentage of your firm's work is normally subcontracted? _____ %

Are bonds required of subs? _____

What trades do you normally subcontract? _____

What trades do you normally undertake with your own crews: _____

What is the largest amount of uncompleted work-on-hand (backlog) your firm has had at any one time? _____

What is your expected annual volume next year? _____

Name of your CPA: _____

Phone : _____ Email: _____

Contact Person: _____

On what basis are taxes paid?

Accrual _____ % of Completion _____ Cash _____ Completed Job _____

On what basis are financial statement prepared?

Cash _____ Completed Job _____ Accrual _____ % Completion _____

On what level of assurance are financial statements prepared?

Audit _____ Review _____ Compilation _____

How often are financial statements prepared?

Annually _____ Semi-Annually _____ Quarterly _____ Monthly _____

Are job cost records kept? Yes _____ No _____

If yes, how often are these records reviewed? _____

How often are job cost records updated? _____

Name of your bank: _____

Address: _____

Phone: _____ Contact Person: _____

Amount of credit line established: _____ Expiration: _____

UCC filing? Yes _____ No _____

How is credit secured? _____

Is your firm union? Yes _____ No _____

Previous Bonding Company:

Name: _____

Reason for leaving: _____



List your five largest contracts:

Job Name: _____
Contract Price: _____ Gross Profit: _____ Completion Date: _____
Bonded Yes _____ No _____ Owner/General: _____
Contact Person: _____ Phone: _____

Job Name: _____
Contract Price: _____ Gross Profit: _____ Completion Date: _____
Bonded Yes _____ No _____ Owner/General: _____
Contact Person: _____ Phone: _____

Job Name: _____
Contract Price: _____ Gross Profit: _____ Completion Date: _____
Bonded Yes _____ No _____ Owner/General: _____
Contact Person: _____ Phone: _____

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Bonded Yes _____ No _____ Owner/General: _____
Contact Person: _____ Phone: _____

Job Name: _____
Contract Price: _____ Gross Profit: _____ Completion Date: _____
Bonded Yes _____ No _____ Owner/General: _____
Contact Person: _____ Phone: _____

If available, please attach reference letters on prior jobs.

List five of your major suppliers

Name: _____
Address: _____
Phone: _____ Fax: _____

Name: _____
Address: _____
Phone: _____ Fax: _____

Name: _____
Address: _____
Phone: _____ Fax: _____

Name: _____
Address: _____
Phone: _____ Fax: _____

Name: _____
Address: _____
Phone: _____ Fax: _____



List five subcontractors (or contractors if you are a subcontractor) that you do business with.

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____

List other business references (i.e. architects, engineers, etc.)

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____ Job: _____

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____ Job: _____

Name: _____
Address: _____
Phone: _____ Fax: _____
Contact Person : _____ Job: _____

List any life insurance in effect on key personnel:

Name:	_____	Beneficiary:	_____
Amount:	_____ Cash Value : _____	Carrier:	_____
Name:	_____	Beneficiary:	_____
Amount:	_____ Cash Value : _____	Carrier:	_____
Name:	_____	Beneficiary:	_____
Amount:	_____ Cash Value : _____	Carrier:	_____



List insurance coverage currently in effect:

	(limits in 000's)	BI	PD	Carrier or Agent	Exp
General liability	\$		\$		
Auto Liability	\$		\$		
Umbrella	\$		\$		
Worker's Comp	\$		\$		

List any subsidiaries and affiliates of the contracting firm:

Firm Name: _____
 Ownership: _____ Type of business: _____
 Remarks: _____

Firm Name: _____
 Ownership: _____ Type of business: _____
 Remarks: _____

Completed by: _____
 Title: _____ Date: _____