



3019 Brownsville Rd
 Pittsburgh, PA 15227
 Telephone: (412)207-9047
 Bond Department Fax: (412)228-3947

CONTRACTOR'S QUESTIONNAIRE

GENERAL INFORMATION:

NAME: _____ FEDERAL ID NUMBER: _____
 ADDRESS: _____
 CITY: _____ STATE: _____ ZIP: _____
 TELEPHONE: _____ FAX: _____
 EMAIL ADDRESS: _____ WEBSITE: _____
 SUBSIDIARIES OR AFFILIATED COMPANIES: _____ FEDERAL ID NUMBERS: _____

TYPE OF WORK: _____ GENERAL CONSTRUCTION _____ PLUMBING CONSTRUCTION
 _____ MECHANICAL CONSTRUCTION _____ ELECTRICAL CONSTRUCTION
 _____ HEAVY CONSTRUCTION _____ HIGHWAY CONSTRUCTION
 _____ SPECIALTY _____ OTHER _____

IS YOUR FIRM: _____ UNION _____ NON-UNION

ORGANIZATIONAL INFORMATION:

DATE YOUR ORGANIZATION WAS ESTABLISHED: _____

TYPE OF ORGANIZATION: _____ Proprietorship _____ Partnership _____ "S" Corporation _____ "C" Corporation _____ Limited Liability Corporation

List the Proprietor or all Partners, Shareholders and/or Corporate Officers (whichever is applicable):

Name	Social Security Number	Date of Birth	Position	Ownership %	Spouse Name	Spouse Social Security Number

WILL ALL STOCKHOLDERS/PARTNERS/OWNERS AND THEIR SPOUSES PERSONALLY INDEMNIFY THE SURETY? ___ Yes ___ No

If no, please explain: _____

EXPERIENCE:

HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO IT? ___ YES ___ NO

If yes, please explain: _____

IS YOUR COMPANY PRESENTLY INVOLVED IN ANY LITIGATION? ___ YES ___ NO

If yes, please explain: _____

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: _____

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

IN WHAT STATES/AREAS DO YOU NORMALLY OPERATE? _____

ON AVERAGE, WHAT PORTION OF YOUR WORK IS NORMALLY SUBCONTRACTED? _____%

DO YOU NORMALLY REQUIRE BONDS OF SUBS? ___ YES ___ NO

DO YOU ENGAGE IN JOINT VENTURES? ___ YES ___ NO

LIST THREE (3) OF THE LARGEST CONTRACTS COMPLETED BY YOUR COMPANY IN THE LAST FIVE (5) YEARS:

1. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____
2. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____
3. Owner: _____ Contract Price: _____
Description: _____
Completion Date: _____ Contact: _____ Telephone: _____

FINANCIAL:

WHAT IS YOUR COMPANY'S FISCAL YEAR END: _____

WHO IS YOUR INDEPENDENT ACCOUNTING FIRM:

Name of Firm: _____

Contact Person: _____

ON WHAT BASIS ARE TAXES PAID? ___ Cash ___ Completed Contract ___ Accrual ___ Percentage of Completion

WHEN ARE FINANCIAL STATEMENTS PREPARED: ___ Year End ___ Six Months ___ Quarterly

DOES YOUR OFFICE INCLUDE A FULL TIME ACCOUNTANT? ___ Yes ___ No

If yes, how long have they been employed by your company? _____

ARE INDIVIDUAL JOB COST RECORDS PREPARED? ___ Yes ___ No

If yes, how often are they reviewed/updated and by whom? _____

INSURANCE INFORMATION:

1. Agency: _____

2. Carrier: _____ Expiration Date: _____

BANK INFORMATION:

1. Name of Bank: _____ Contact: _____ Telephone: _____

Amount of Line: _____ Secured by: _____ Amount Available: _____

2. Name of Bank: _____ Contact: _____ Telephone: _____

Amount of Line: _____ Secured by: _____ Amount Available: _____

JOB DETAILS:

CREDIT CHECK AUTHORIZATION: Principal and Indemnitor(s) expressly authorize the Surety to Access their credit reports (through soft inquiry) and to make such pertinent inquires as may be necessary from third party sources for the following purposes: (A) to verify information supplied to the Surety, (B) for underwriting purposes, and (C) upon receipt of a Notice of Claim or potential claim under any bond, for debt collection.

SIGNED BY: _____ TITLE: _____ DATE: _____