

# Cavignac & Associates

INSURANCE BROKERS

License No. OA99520

450 B Street, Suite 1800 San Diego, CA 92101-8005

Phone 619-234-6848 <> Surety Fax 619-234-1239 <> Web Site www.cavignac.com

## Contractor's Bond Questionnaire

We appreciate the opportunity to be the broker of record in providing surety bond credit to your company. The purpose of this questionnaire is to assist us, and the designated surety company, in evaluating your qualifications for the desired bond credit. For your benefit, please complete this form as accurately and completely as possible. If space is insufficient, please attach additional pages.

Contact person/title: \_\_\_\_\_

Contractor's License No. \_\_\_\_\_ Contractor's License Expiration Date: \_\_\_\_\_

Class of license(s): \_\_\_\_\_

### Background

Name of firm: \_\_\_\_\_

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

City: \_\_\_\_\_ County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

E-mail: \_\_\_\_\_ Web Site \_\_\_\_\_

Type of Business: Proprietorship  Partnership  LLC  S-Corporation  C-Corporation

Federal Employer I.D. Number: \_\_\_\_\_ Fiscal year end: \_\_\_\_\_

Year company started: \_\_\_\_\_ Year current management started: \_\_\_\_\_

Geographic area of operation: \_\_\_\_\_

Construction specialties: \_\_\_\_\_

### What percentage of the firm's work is normally performed as:

Prime contractor: \_\_\_\_\_ % Subcontractor: \_\_\_\_\_ %

Public work: \_\_\_\_\_ % Private work: \_\_\_\_\_ %

What percentage of work is normally subcontracted? \_\_\_\_\_ %

What trades do you normally subcontract? \_\_\_\_\_

What trades do you normally undertake with your own forces? \_\_\_\_\_

Is your firm union? Yes  No  Are you an SBA 8 (a) qualified contractor? Yes  No

Number of employees? \_\_\_\_\_ Number of crews? \_\_\_\_\_

### List any subsidiaries and/or affiliates of the contracting firm:

Name	Ownership	Type of business	Cross-indemnity?

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## Organization – Owners And Key Employees

List the officers, partners or proprietors of your firm:

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Ownership: \_\_\_\_\_ %

SS#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Res. phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Ownership: \_\_\_\_\_ %

SS#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Res. phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Position: \_\_\_\_\_ Ownership: \_\_\_\_\_ %

SS#: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ SS #: \_\_\_\_\_

Residential Address: \_\_\_\_\_ Res. phone #: \_\_\_\_\_

Do any of the above indemnitors have a Family Trust? Yes  No

Will the above Trust (if applicable), individuals & spouses personally indemnify to procure surety bonds? Yes  No

If no, explain: \_\_\_\_\_

Is there a buy/sell agreement among the owners of the business? Yes (attach copy)  No

List any life insurance in effect on key personnel:

Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Insurance Company: \_\_\_\_\_

Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Insurance Company: \_\_\_\_\_

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

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

Is your firm or any of its owners or officers currently involved in any litigation? Yes  No

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

List the key personnel of your firm, which may include: officers, managers, superintendents, engineers, project manager, estimators, & others. (If available, please attach a separate, detailed resume of each person's construction experience):

Name	Year Hired	Present Position	DOB	# Years Experience	Summarize: Education, work experience, prior employers, etc.

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## Accounting

Your bookkeeper or in-house accountant: \_\_\_\_\_ In-house software: \_\_\_\_\_

Your CPA firm: \_\_\_\_\_ Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

On what basis are taxes prepared?

Percentage of completion  Completed contract  Accrual  Cash

On what basis are financial statements prepared?

Percentage of completion  Completed contract  Accrual  Cash

On what level of assurance are financial statements prepared and how often (Annual Semi-Annual Quarterly Monthly)

CPA audit \_\_\_\_\_ CPA review \_\_\_\_\_ CPA compilation \_\_\_\_\_ Internal \_\_\_\_\_

Are job cost records tied to the general ledger?

Yes  No

How often updated? \_\_\_\_\_ How often reviewed \_\_\_\_\_

Do they show job budget vs. actual costs and/or quantities? Yes  No

Have there been any major changes in your financial condition since last statement date with respect to the following:

Ownership \_\_\_\_\_ Withdrawals \_\_\_\_\_ Major loans or refinancing \_\_\_\_\_

Major equipment purchases or leases: \_\_\_\_\_ Other: \_\_\_\_\_

(If available, please attach a separate schedule of company's equipment/vehicles)

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## Bonding

Name of present surety: \_\_\_\_\_

Name of present agency: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact person: \_\_\_\_\_

How long with present surety? \_\_\_\_\_ Reason for changing? \_\_\_\_\_

Has collateral been deposited with any prior surety? Yes  Amount: \$ \_\_\_\_\_ No

Has collateral been released? N/A  Yes  No

Were any bonds SBA guaranteed? Yes  No

Have you been refused a bond by your present or prior surety? Yes  No

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

Bond credit desired: Single Job \$ \_\_\_\_\_ Total work program \$ \_\_\_\_\_

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## Banking

Bank Name: \_\_\_\_\_ Contact Person: \_\_\_\_\_

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

Line of Credit amount: \$ \_\_\_\_\_ Expiration date: \_\_\_\_\_ Interest rate: \_\_\_\_\_ %

How is credit secured? \_\_\_\_\_ UCC Filing: Yes  No

Amount of bank line currently in use? \$ \_\_\_\_\_

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## Insurance

Agency & contact: \_\_\_\_\_

List insurance coverages currently in effect:

Coverage	Limits in Thousands		Name of Carrier	Expiration Date
	Single	Aggregate		
General Liability				
Auto Liability				
Umbrella				
Workers Comp				

## References

List four of your major suppliers:

	Name	Address	Contact	Phone
1.				
2.				
3.				
4.				

List four subcontractors (or General/Primes if you are a subcontractor) that you do business with:

1.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	
2.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	
3.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	
4.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	

List three architects/engineers you have done business with:

1.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	
	<b>Job(s):</b>			
2.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	
	<b>Job(s):</b>			
3.	<b>Name:</b>		<b>Phone:</b>	
	<b>Address:</b>		<b>Contact:</b>	
	<b>Job(s):</b>			

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## Job Experience

Largest single job completed: \$ \_\_\_\_\_ Year: \_\_\_\_\_  
Largest backlog (cost to complete) of work on hand at one time: \$ \_\_\_\_\_ Year: \_\_\_\_\_  
Largest single job bid: \$ \_\_\_\_\_ Year: \_\_\_\_\_

### List five of your largest contracts:

1. **Job description:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Completion date:** \_\_\_\_\_ **Bonded?** Yes  No   
**Final contract price:** \$ \_\_\_\_\_ **Final gross profit?** \$ \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  
2. **Job description:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Completion date:** \_\_\_\_\_ **Bonded?** Yes  No   
**Final contract price:** \$ \_\_\_\_\_ **Final gross profit?** \$ \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  
3. **Job description:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Completion date:** \_\_\_\_\_ **Bonded?** Yes  No   
**Final contract price:** \$ \_\_\_\_\_ **Final gross profit?** \$ \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  
4. **Job description:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Completion date:** \_\_\_\_\_ **Bonded?** Yes  No   
**Final contract price:** \$ \_\_\_\_\_ **Final gross profit?** \$ \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_
  
5. **Job description:** \_\_\_\_\_  
**Location:** \_\_\_\_\_ **Completion date:** \_\_\_\_\_ **Bonded?** Yes  No   
**Final contract price:** \$ \_\_\_\_\_ **Final gross profit?** \$ \_\_\_\_\_  
**Owner:** \_\_\_\_\_ **Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Name of company attorney:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

**Certification:** I certify that all information is complete and correct, and is given to induce the designated surety company to execute surety bonds. I understand that false information may constitute misrepresentation or fraud. I authorize the designated surety company to obtain credit information, and to make such other investigations as it deems necessary to underwrite this application.

**Contractor company name:** \_\_\_\_\_  
**By:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
**Date:** \_\_\_\_\_