

United Bonding of Illinois LLC

Contractor's Questionnaire

1. Introduction

Contractor's Name _____ Federal Tax ID# _____
 Address _____
 Telephone _____ Fax _____ Date Business Founded _____
 Is your Organization Union? YES NO Number of Employees _____ Number of Crews _____
 Type of Organization Corporation Partnership Sole Proprietorship Other (specify) _____
 If Corporation, have Stockholders elected to be considered a "Sub Chapter 'S' Corporation"? YES NO
 Date Incorporated? _____ Are all Stockholders/Owners actively involved in the business? YES NO
 If NO, please explain _____

List all Stockholders / Owners and Key Personnel:

Stockholder	Soc Sec #	Title/Position	% of Ownership	Date of Birth	Years/Experience in Construction
Name: Spouse: Address:					
Name: Spouse: Address:					
Name: Spouse: Address:					
Name: Spouse: Address:					

List Affiliated, Subsidiary or Related Companies in which this firm or its stockholders / owners have interest:

Name & Address	% of ownership	Scope of operations

2. Financial Data

When is your fiscal year end? _____
 Who prepares your fiscal year end financial statements? _____
 Telephone _____ Do you have interim financial statements prepared? _____ How often? _____
 What method of accounting is used in preparing statements? Completed Contract Accrual % of Completion
 Other, if checked please explain _____
 On what basis of accounting are taxes paid? Completed Contract Accrual % of Completion Cash
 Have operations been profitable since financial statement date? YES NO If NO, please explain _____
 Are any new ventures contemplated? YES NO If YES, please describe _____
 Has your business been audited by the IRS? YES NO Year? _____ Are your taxes current? YES NO
 Is a Buy-Sell Agreement in effect? YES NO If YES, please attach a copy.
 In the event of an owners death, is a plan in effect to complete all uncompleted work? YES NO If YES, please describe _____
 Agency of Liability Insurance _____ Phone _____ Fax _____
 Bank Name _____ Phone _____ Fax _____
 Bank Address _____
 Name of Officer(s) you deal with _____
 Do you have an established Line of Credit? YES NO If YES, amount \$ _____

List suppliers from whom you buy most of your materials:						
Company	Address	Contact	Phone	Fax	Annual Purchase (\$)	How Long

3. Scope of Operation

Type of Construction Specialty(s) _____
 A. % work done for Public _____ % Private _____ %
 B. What % of work is as Prime _____ % Sub _____ %
 Is your equipment adequate? YES NO Please attach equipment list.

Largest contracts completed within the last 5 years:						
Owner or General Contractor	Address	Contact	Phone	Fax	Contract Amount (\$)	Date Completed

Principal subcontractors you have used in the past 2 years:						
Company	Address	Contact	Phone	Fax	Type of Work / Amount (\$)	Date Completed

Largest previous job \$ _____ Largest previous work program \$ _____ Average Size Contracts \$ _____
 Largest single contract your company can best handle \$ _____
 Maximum dollar amount of Work On Hand your company can best handle \$ _____
 Radius your company can best operate in _____ miles
 Have you ever failed to complete a contract? YES NO If YES, please explain _____
 Have you ever had significant problems with a project? YES NO If YES, please explain _____

4. Bonding History

Name all surety companies with whom you have dealt and the reason for change:				
Surety Company	Agency	Amount of Bonding Credit	Year	Reason for Change

United Bonding of Illinois LLC or its representative is authorized to verify any information contained herein including but not limited to my credit and employment history and to request, obtain and use credit information on me/us in the processing of my/our application. This document, or any photostatic copy hereof, hereby authorizes any third party to furnish complete consumer credit reports.

THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

Date: _____ Firm Name: _____
 SIGN HERE X _____