



**Surety • Bonds • Solutions**  
 SBS Bonds & Insurance Services, Inc.  
 525 S. Escondido Blvd., Suite 102 | Escondido, CA 92025  
 Direct: 760.489.1600 | Fax: 760.489.1700 | Cell: 760.715.7719  
 e-mail: [margie@sbsbonds.com](mailto:margie@sbsbonds.com) | License # 0H58335

**CONTRACTOR'S  
QUESTIONNAIRE**

Contractor \_\_\_\_\_

Proprietorship  
Partnership  
Corporation

Address \_\_\_\_\_  
 Street \_\_\_\_\_

Incorporated in what state? \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_ Web Site: \_\_\_\_\_  
 Fax #: \_\_\_\_\_

**OWNERS & SPOUSES:**

<b>1. Name of Business Owner:</b>		<b>SS# of Business Owner:</b>	
<b>Name of Spouse:</b>		<b>SS# of Spouse:</b>	
<b>Home Address:</b>		<b>Phone:</b>	
<b>% of Ownership?</b>	<b>Indemnity Available?</b> YES NO	<b>Family Trust?</b> YES NO	
<b>2. Name of Business Owner:</b>		<b>SS# of Business Owner:</b>	
<b>Name of Spouse:</b>		<b>SS# of Spouse:</b>	
<b>Home Address:</b>		<b>Phone:</b>	
<b>% of Ownership?</b>	<b>Indemnity Available?</b> YES NO	<b>Family Trust?</b> YES NO	
<b>3. Name of Business Owner:</b>		<b>SS# of Business Owner:</b>	
<b>Name of Spouse:</b>		<b>SS# of Spouse:</b>	
<b>Home Address:</b>		<b>Phone:</b>	
<b>% of Ownership?</b>	<b>Indemnity Available?</b> YES NO	<b>Family Trust?</b> YES NO	
<b>4. Name of Business Owner:</b>		<b>SS# of Business Owner:</b>	
<b>Name of Spouse:</b>		<b>SS# of Spouse:</b>	
<b>Home Address:</b>		<b>Phone:</b>	
<b>% of Ownership?</b>	<b>Indemnity Available?</b> YES NO	<b>Family Trust?</b> YES NO	

Any owner ever defaulted on contract? YES NO If Yes, attach an explanation.

Business started: \_\_\_\_\_ Date incorporated if corporation: \_\_\_\_\_

If Sub, Your Specialty: \_\_\_\_\_

If GC, what portion do you do ? (i.e., carpentry, flatwork, etc.)

% usually subbed \_\_\_\_\_ % you do yourself \_\_\_\_\_ % you bond \_\_\_\_\_ Do you bond subs? Yes No

What is your territory? \_\_\_\_\_

---

---

**KEY PERSONNEL (ATTACH RESUME IF AVAILABLE):**

Name	Position	Age	Years With This Firm
1.			
2.			
3.			
4.			

---

---

**LARGEST JOBS COMPLETED DURING PAST 5 YEARS**

1. Job Name & Description: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
Contracted with: \_\_\_\_\_ Gross Profit: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Date Completed: \_\_\_\_\_

---

2. Job Name & Description: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
Contracted with: \_\_\_\_\_ Gross Profit: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Date Completed: \_\_\_\_\_

---

3. Job Name & Description: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
Contracted with: \_\_\_\_\_ Gross Profit: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Date Completed: \_\_\_\_\_

---

4. Job Name & Description: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
Contracted with: \_\_\_\_\_ Gross Profit: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Date Completed: \_\_\_\_\_

---

5. Job Name & Description: \_\_\_\_\_ Contract Amount: \_\_\_\_\_  
Contracted with: \_\_\_\_\_ Gross Profit: \_\_\_\_\_  
Name of Contact: \_\_\_\_\_ Phone# \_\_\_\_\_ Date Completed: \_\_\_\_\_

---

---

**SURETY NEEDS AND GENERAL INFORMATION**

**Present Surety** \_\_\_\_\_ Agent \_\_\_\_\_

Time w/Surety \_\_\_\_\_ w/Agent \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Has contractor ever been declined by a surety? YES NO If YES, explain separately in FULL detail.

Has contractor ever defaulted on contract? YES NO If YES, explain separately in FULL detail.

**Present Surety need**, Single Job Amount? \_\_\_\_\_ Total Program Backlog? \_\_\_\_\_

Subsidiaries or affiliates? YES NO **IF YES, PLEASE PROVIDE NAME & DESCRIBE BUSINESS SPECIALTY, OWNERSHIP, PURPOSE, AND ATTACH A CURRENT FINANCIAL STATEMENT.**

Are Bonds Needed? YES NO

**Union:** YES NO

Union Utilized: \_\_\_\_\_ Contract expires: \_\_\_\_\_

---

---

**INSURANCE:**

Liability limit basic \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Exp. \_\_\_\_\_  
Worker's Compensation (Statutory) Carrier \_\_\_\_\_ Exp. \_\_\_\_\_  
Equipment Schedule \$ \_\_\_\_\_ Carrier \_\_\_\_\_ Exp. \_\_\_\_\_

**LIFE INSURANCE & BENEFICIARIES ON KEY PERSONNEL:**

Insured	Beneficiary	Amount	Carrier

Is Buy-Sell Agreement in effect? YES NO If so, please attach. If not, will one be considered? YES NO

**ACCOUNTING:**

What method of accounting was used to prepare your financial statement?

**Cash:**                      **Accrual:**                      **% of Completion:**                      **Completed Contract:**

What level of preparation is used?

**Audit?**                                      **Review?**                                      **Compilation?**

Have you been audited by the IRS? YES NO If so, When and with what result?

Name of Accounting Firm: \_\_\_\_\_ CPA? YES NO

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

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**CREDIT REFERENCES (MAJOR SUPPLIERS):**

Name	Street Address	City	Phone

## CREDIT REFERENCES (Major Subcontractors):

Name of Company	Their City	Contact Person	Phone

Does contractor principally Buy or Lease Equipment? Is present equipment schedule sufficient for foreseeable needs? YES NO

If not, what is needed? \_\_\_\_\_

## BANKING

Business Banking: \_\_\_\_\_  
 Name of Bank \_\_\_\_\_ Address \_\_\_\_\_  
 Phone \_\_\_\_\_ Contact Name \_\_\_\_\_

Line of Credit: \$ \_\_\_\_\_ Secured By: \_\_\_\_\_ Line Expires: \_\_\_\_\_

SUBMITTED BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
 Agency \_\_\_\_\_ Producer \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Phone No. \_\_\_\_\_  
 Producer \_\_\_\_\_

### PLEASE ATTACH THE FOLLOWING:

- BUSINESS FINANCIAL STATEMENTS FOR THE PAST 3 FISCAL YEARS.**
- CURRENT INTERIM BUSINESS FINANCIAL STATEMENT IF FYE IS MORE THAN 4 MONTHS AGO.**
- PERSONAL FINANCIAL STATEMENTS FOR ALL OWNERS. COPIES OF ANY FAMILY TRUSTS ARE REQUIRED.**
- CURRENT WORK IN PROCESS REPORT.**
- BANK REFERENCE LETTER INCLUDING AVERAGE BALANCES, LINE OF CREDIT & EXPERIENCE.**
- SCHEDULE OF A/R'S AND A/P'S TO SUPPORT LATEST FISCAL & INTERIM FINANCIAL STATEMENTS.**