

CONTRACTOR'S QUESTIONNAIRE

1. Name of Compagnie:

2. Address:

3. Telephone: _____

4. Site internet: _____

5. When was the business started? _____

6. When incorporated? _____

7. Type of Contractor, i.e., General Building Contractor, Paving, Electrical, etc. If more than one type, list all and give approximate percentage of annual sales applicable to each:

8. In what geographical area? _____

9. List all Corporate Officers, Proprietor, Partners, Shareholders, Directors:

Full Name (including initials)	Date of Birth (MM/DD/YYYY)	Position	Held Since	% Stock Ownership	Years of Const. Experience

10. Key Personnel – (Principals, Engineers, Estimators, Superintendents, Foreman, etc.)

Name	With Co. Since	Position	Date of Birth (MM/DD/YYYY)	Years of Const. Experience

** Attach resume for each person outlining education, experience and specifying type of work handled, previous employers and positions held.*

11. Have there been any changes in the control or management of the company in the past three years?

☐ Yes ☐ No

If Yes, please explain fully:

12. Does your company have on or more related companies? ☐ Yes ☐ No
 If Yes, please state name, address, type of business and share ownership and attach copy of latest available fiscal year-end financial statement for each company:

13. Are any of the persons named in (9) above or their spouses, engaged in any other business or businesses? ☐ Yes ☐ No
 If Yes, please state name, address, type of business and share ownership and attach copy of latest available fiscal year-end financial statement for each such company

14. Is this company, a related company, or any of the persons named above or their spouses engaged:
- | | |
|--|--|
| In a joint venture | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In a foreign venture | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In land or property speculation | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In real estate development | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In contracts lasting more than 2 years | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In turnkey propositions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| In design work | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| As a subdivider | <input type="checkbox"/> Yes <input type="checkbox"/> No |

15. On the average, what portion of you work is subcontracted?

 Do you normally require bonds from subcontractors?
 If No, explain: ☐ Yes ☐ No

BANK

Nom of Bank:

 Address:

 Telephone:

 With Bank since:

 What is authorized operating line of credit?

 How much is presently in use? \$

 How secured?

 What other loans do you have?

 Amount outstanding: \$

 Annual repayment: \$

 How secured?

ACCOUNTING

1. When is your fiscal year end?

2. On what basis are financial statements prepared?
☐ Completed Contact
☐ Percent of completion
☐ Other, please specify:

3. Who is your auditing firm and contact?

4. Are individual job cost records prepared? ☐ Yes ☐ No
If Yes, how often are they updated?
Reviewed? _____
5. Does your office staff include a full-time accountant/bookkeeper? ☐ Yes ☐ No
6. When are interim financial statements prepared? _____
7. At present, your company is:
☐ Discounting Bills ☐ Paying in 30 days
☐ 30-60 days ☐ 60-90 days
☐ Over 90 days ☐ Special Terms (explain) _____
8. Do you have one or more accounts receivable or holds-backs of any consequence which are overdue or doubtful? ☐ Yes ☐ No
If Yes, give details and amounts:

9. Do you at present have any holdbacks which are not due within 12 months? ☐ Yes ☐ No
If Yes, state amount: \$ _____
And when due: _____
10. Have any of your accounts receivable, holdbacks or notes been assigned, pledged, sold, or discounted? ☐ Yes ☐ No
If Yes, give details:

11. Have you or any related Company purchased any equipment or other assets since your last fiscal year end? ☐ Yes ☐ No
If Yes, indicate type of asset, monthly payments, total purchase price, name of tender, down payment, term. (If more than one uses a separate sheet of paper)

12. Do you or any related Company contemplate purchasing, in the next 12 months, any equipment or other fixed assets? ☐ Yes ☐ No
If Yes, give full details: type of asset, monthly payments, total purchase price, name of tender, down payment, term. (If more than one uses a separate sheet of paper)

13. Have you or any related Company since the last fiscal year end, constructed, or do you contemplate building or acquiring or having constructed in the next 15 months, a building, shop or plant for your own use or an extension of your present one? ☐ Yes ☐ No
If Yes, give full details:

14. What is the estimated market value of your fixed assets?

15. What is the estimated insurance policy value of your fixed assets?

16. Is your company acting as Guarantor, Indemnitor, Bondsman or Surety for other or as endorser on their notes of account?

☐ Yes ☐ No

If Yes, give full details:

17. List your present five (5) largest supplies:

Name	Address	Postal Code

18. List three architects or engineers who have supervised your work in the past year:

Name	Address	Owner / Project

19. List the five (5) largest contracts completed by your company:

Owner - Nature of work and location	Contract Price	Owner / Project

20. What is the largest amount (\$) of uncompleted work on hand at any one time in the past?

Amount:

\$ _____

Year:

21. What maximum size contract in each of the types of work you do, do you think your company is best qualified to handle?

Type:

Amount:

\$ _____

Type:

Amount:

\$ _____

Type:

Amount:

\$ _____

22. What work program do you feel your organization is qualified to undertake:

Total program any one time: _____

During the next 12 months: _____

23. Is the operation

☐ Union

☐ Non-Union

Duration of union contacts:

When does the present contact expire? _____

Do you pay union wages? _____

☐ Yes ☐ No

24. To what extent does management control and supervise individual jobs?

☐ Daily

☐ Weekly

☐ Monthly

☐ Personally

☐ Through reports

☐ Other (please specify) _____

25. Has your company or any of its principals ever failed in business, defaulted on a contract, or compromised with creditors or caused a loss to a Surety?

☐ Yes ☐ No

If Yes, please explain fully:

26. Are there any liens for labour or materials filed against you anywhere?

☐ Yes ☐ No

If Yes, please explain fully and give amounts:

27. Are there any judgements, suits or claims outstanding against your Company, its officers, or any company of either?

☐ Yes ☐ No

If Yes, please explain:

28. Are others disputing any work which you did or failed to do or any account which you presented to them?

☐ Yes ☐ No

If Yes, please explain fully and give amounts:

29. Are there any liens for labour or materials filed by you against a third party?

☐ Yes ☐ No

If Yes, please explain fully and give amounts:

30. Are you disputing any work which was done for you or accounts which were presented to you?

☐ Yes ☐ No

If Yes, please give full details and amounts:

31. If you have previously bonded, state name of present Surety:

How long with present Surety and reason for change?

Has application for Suretyship ever been declined?

☐ Yes ☐ No

If Yes, please explain fully:

32. List any "Key Man" insurance carried – Life Insurance and Accident, Sickness and Disability

Insured	Amount	Issuing Company	Beneficiary

33. List of insurance coverage in effect:

Coverage		Limits	Insurance Company
Property	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Equipment	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Stock	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Installation Floater	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Builder's Risk	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C.O.C.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Windstorm	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Automobile	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Liability	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Completed Ops	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Non-owned Auto	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Umbrella	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Fidelity	<input type="checkbox"/> Yes <input type="checkbox"/> No		

ATTACHED TO THIS PRESENTATION SHOULD BE:

- Last three (3) fiscal year and statements and any recent interim statement of applicant and of all related companies whether active or not.
- Personal financial statements of all shareholders and financial statements of their other companies whether active or not.
- Propose and description of operations of each of the related or privately owned companies whether active or not.
- Current job progress report and job progress report as of latest financial year end.
- A letter forms your bank stating your operating line of credit, the amount presently in use and the security held.
- Resumes on key personnel.

By signing this form, I consent to Revau collecting, using and disclosing my personal and financial information (including, where applicable, credit information) for the purposes of analysis, risk assessment, issuance, administration and management of a surety bond, as well as compliance with applicable legal obligations. I consent to such information being disclosed to insurers, reinsurers, financial institutions and other parties necessary for these purposes. I acknowledge that my information may be processed or stored outside my province or outside Canada and that I have rights of access, correction and withdrawal of consent, subject to applicable obligations.

The Undersigned hereby represents that the above statements are true and authorizes the Bank and other references to verify the correctness of the statements.

Prepared for the company by: _____ Position: _____

Signature of the Insured: _____ Date: _____

Please send the completed, signed and dated application to surety@revau.com.