



# POINDEXTER Surety Services

Member of The Poindexter Group of Companies



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"Se habla Castellano"

## CONTRACTOR QUESTIONNAIRE

**Submission: [Underwriting@SuretyOne.org](mailto:Underwriting@SuretyOne.org)  
919-834-7039 facsimile**

New Account                       Review

Company Name \_\_\_\_\_ FEIN \_\_\_\_\_

Address \_\_\_\_\_

D&B # \_\_\_\_\_ Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

E-mail \_\_\_\_\_

Corporation, Type \_\_\_\_\_       Partnership       LLC       Sole Proprietorship

### Corporate Officers

Name	Age	Position	Stock Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are owners/officers involved in any other business?       No       Yes (provide details)  
*{Attach a copy of any Buy/Sell Agreements.}*

**Resumés**

Attach a detailed resumé of key personnel and officers/owners. Include age, education, experience, principle duties, type of work performed, largest jobs, positions held, and ALL previous employers.

**Business History**

When was the business established? \_\_\_\_\_

When did present management/owners assume control? \_\_\_\_\_

What is the largest amount of uncompleted work-on-hand at any one time? \_\_\_\_\_

Identify the five (5) largest, fixed-price contracts completed under present management:

Job Description	Project Total	Completed	Owner(s)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Company Operation**

Type of work normally undertaken \_\_\_\_\_

Union             Non-Union

Work performed for?      Public \_\_\_\_\_ %            Private \_\_\_\_\_ %

What size projects can the company undertake?       Single Program       Total Program

Geographical area? \_\_\_\_\_

What percentage of work is sub-contracted? \_\_\_\_\_ %

Do you require sub-contractors to be bonded?       Yes                             No

Does the company own the appropriate equipment to perform the anticipated work Program(s)?

Yes             No {Attach detailed explanation.}

Does the company lease necessary equipment?     Yes                       No  
*{Attach equipment schedule and latest formal appraisal.}*

**Subsidiary Companies**

Yes        *Provide a list of all company subsidiaries AND affiliated companies, including full legal name, type of business, and the percentage of ownership.*

No

**Accounting**

Name/Address of Accounting Firm \_\_\_\_\_  
How many years has the accounting firm prepared company financial statements? \_\_\_\_\_  
How many years has the present firm prepared company tax returns? \_\_\_\_\_  
What is the company's fiscal year end? \_\_\_\_\_  
Are the company financial statements prepared to full-audit standards?     Yes         No  
Date of last Internal Revenue Service clearance? \_\_\_\_\_

Basis of financial statements             Cash             Percentage of Completion  
     Accrual         Completed Contract         JSR

Basis of tax payment                       Cash             Percentage of Completion  
     Accrual         Completed Contract

*{Attach any explanatory details that you feel are relevant to accounting interrogatories.}*  
*{Attach CPA letter evidencing the standard by which financial statements are prepared.}*

**Banks/Financial Institutions**

Name of Bank \_\_\_\_\_                      Contact \_\_\_\_\_

Address \_\_\_\_\_

Line(s) of Credit \_\_\_\_\_

Credit Line Expiration Date(s) \_\_\_\_\_

How are current lines of credit secured? \_\_\_\_\_

*{Attach bank letter evidencing establishment and good standing of company credit line(s).}*  
Amount of line(s) of credit as of statement date \_\_\_\_\_

**References**

Provide the names, addresses and telephone numbers of a minimum of five (5) major suppliers.

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Provide the names, addresses and telephone numbers of the sub-contractors that you have used in the last three (3) years. (If you are a subcontractor applicant, list those contractors for whom you have worked.)

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List a minimum of three (3) engineers or architects that have supervised your work in the past three (3) years. Include contact telephone numbers.

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**Key Personnel Life Insurance**

Insured	Amount	Beneficiary	Owner of Policy
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Notes: Identify each policy as term 'T', or whole life 'W'. Provide expiration dates for the term life policies. Disclose which if any policies are pledged/assigned, and to whom. Do NOT include policies that have been used to fund buy/sell agreements.*

**Miscellaneous Background**

For each question answered in the affirmative, provide a FULL explanation!

- Has the company or ANY of its principals filed for bankruptcy?  Yes  No
- Has the company or ANY of its principals defaulted on a contract?  Yes  No
- Is the company currently engaged in ANY litigation?  Yes  No
- Has the company sought contract surety before?  Yes  No  
*{If yes, explain reason for change.}*
- Are annual medical evaluations required of all key personnel?  Yes  No  
*{Disclose whom.}*
- Does the company retain legal counsel?  Yes Name/Tel. \_\_\_\_\_

**Collateral**

- All owners personally?  Yes  No Wives?  Yes  No
- Subsidiaries and affiliates?  Yes  No
- Is the company D&B listed?  Yes # \_\_\_\_\_  No Date: \_\_\_\_\_
- N.A.C.M. Trade?  Yes  No
- Insurance Coverage(s) \_\_\_\_\_

Prepared by _____	Title _____	Date _____
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