

CONTRACTORS QUESTIONNAIRE

1. Legal Name of Company:		Date Business Established:				
Web site: _____ Email: _____		Tel No.: _____		Fax: _____		
2. Full Address:		Postal Code: _____				
3. List all Owners or Corporate Officers (Use a separate sheet if necessary)						
Name/Holdco	Residence Address	DOB	Spouse	Position	Since	% Owned
						%
						%
						%
						%
						%
						%
4. Key Personnel (Engineers, Estimators, Project Managers etc.) Use a separate sheet if necessary						
Name	Age	Position	Since	Previous Employer	Position	Since
5. Has the company, any prior company or any of the owner(s) or their spouses or a company owned by any of them ever been placed in receivership or bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please provide details.						
6. Are any of the persons named in 3 above or their spouses engaged in any other business or businesses or do they have a Family Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please list them in Section 9 below and attach financial statements.						
7. Has the company, its owner(s) or any of the related companies provided any guarantee for the indebtedness of any other party, outside Corporation or individuals? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please provide details.						
8. Are there any plans by the company, its owner(s) or any of the related companies to set up or participate in a new business venture of any kind, in the foreseeable future? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please provide full details.						
9. Does the company have one or more related companies? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If Yes</b> , please list them here and attach financial statements.						
Name of Companies	Ownership	Nature of Operations				
10. Type of Contractor e.g. General Building Contractor, Paving, Electrical, etc. (If more than one type list all and give approximate percentage of annual sales applicable to each)						
11. Have there been any changes in the control, ownership, or management of the company in the past 3 years or are any such changes impending? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please explain fully on a separate sheet of paper.						
12. To what extent does management control and supervise individual jobs: a) <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly    b) <input type="checkbox"/> Personally <input type="checkbox"/> Through Reports <input type="checkbox"/> Other (please specify) c) Are individual job cost records prepared? <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach a sample)						

13. Give here the names of all persons who are authorized to sign and seal documents on behalf of the company:

14. Who is your corporate solicitor:

15. Is this company or 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 design work	<input type="checkbox"/> Yes <input type="checkbox"/> No
in a foreign venture	<input type="checkbox"/> Yes <input type="checkbox"/> No	in contracts lasting more than 2 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
in land or property speculation	<input type="checkbox"/> Yes <input type="checkbox"/> No	in jobs involving the removal of hazardous material	<input type="checkbox"/> Yes <input type="checkbox"/> No
in turn key propositions	<input type="checkbox"/> Yes <input type="checkbox"/> No	in jobs which have efficiency/performance guarantees	<input type="checkbox"/> Yes <input type="checkbox"/> No

**If yes,** give details on a separate sheet of paper.

16. State type of owner for whom you do work and list approximate percentage of your annual sales for each:

Government	( )%	Utilities	( )%	General Contractors	( )%	Private Residential	( )%
Institutions	( )%	Private Companies	( )%	Developers	( )%	Others (Please specify)	( )%

17. For each type of construction you do, list the 4 largest Fixed-Price-Contracts you have completed.

Use a separate sheet of paper if necessary.

Contract Price	\$	\$	\$	\$
Type of Work				
Location				
Date Started				
Date Completed				
Gross Profit	\$	\$	\$	\$
Surety				
Architect/Engineer				
Contact				
Phone No.				
Owner / General				
Contact				
Phone No.				

18. In which geographic area do you work?

Do you every work outside it?  Yes  No **If yes,** where and how often?

19. Is your operation -- Union  Non Union  Do you pay union scale wages?  Yes  No

Duration of union contracts: \_\_\_\_\_ When does present contract expire: \_\_\_\_\_

20. What was the largest amount of work on hand at any one time in the past 4 years:

\$ \_\_\_\_\_ Year \_\_\_\_\_ It consisted of \_\_\_\_\_ (state number) of contracts.

21. What percentage of your work is usually sublet to others? \_\_\_\_\_ %

Types of work undertaken with own forces?

Types of work usually sublet?

Do you obtain bonds from your subcontractors?  Always  Sometimes  Never

**If never,** please explain why not:

**If sometimes,** please state under what circumstances you waive bonds:

22. List your present 5 largest suppliers:

Name of Company	Complete Mailing Address	Fax No.	Tel. No.

23. Name of present or most recent Surety:		
Limits established: (a) Total work on hand \$		(b) Single jobs \$
Other conditions imposed:		
Reason for changing Surety:		
Have you been refused a bond: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details:		
24. Name of your auditing firm?		
Who is your auditing firm contact person?		Telephone No:
25. Does your office staff include a full time accountant/bookkeeper? <input type="checkbox"/> Yes <input type="checkbox"/> No What are his/her qualifications and experience?		
26. At what intervals are interim statements prepared?		
<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-annually <input type="checkbox"/> Never		
27. Name of Bank:		Address:
Account Manager:	Tel. No.	Fax No. With Bank since:
What is your authorized operating line of credit?		How much presently in use?
28a) Do you have one or more accounts receivable or holdbacks of any consequence which are overdue or doubtful: <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , give details and amounts on separate sheet of paper.		
28b) Do you factor or have you ever factored your accounts receivable?: <input type="checkbox"/> Yes <input type="checkbox"/> No (Factoring is the selling of outstanding invoices or receivables at a discount to a finance or factoring company.)		
29. Do you at present have any holdbacks which are not due within 12 months <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , state amount \$ and when due		
30. Are there any liens for labour or material <i>filed against</i> you by anyone? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please give full details and amounts:		
31. Are there any judgements, suits or claims outstanding <i>against</i> your company, its officers or any company of either? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please explain on a separate sheet of paper.		
32. Are others disputing any work which you did or failed to do or any account which you presented to them? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please explain fully and give amounts:		
33. Are there any liens for labour or material filed by you <i>against a third party</i> ? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please give full details and amounts:		
34. Is the company presently engaged in any dispute with suppliers or sub trades relative to their work or material? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , Please provide full details.		
35. Have funds - of consequence - by means of bonuses, salaries, dividends, loans to shareholders or in any other way, been or are expected to be, withdrawn from the company since the date of the last financial statement? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please provide full details including amounts.		
36. Have you or any related Company purchased any equipment or other assets of any kind since your last fiscal year end? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please list here (if more than one use a separate sheet of paper).		
(a) Type of asset	(c) Downpayment \$	(e) Name of Lender
(b) Total purchase price \$	(d) Monthly Payments \$	(f) Term
37. Do you or any related Company contemplate purchasing any equipment or other fixed assets in the next 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please list here (if more than one use a separate sheet of paper).		
(a) Type of asset	(c) Downpayment \$	(e) Name of Lender
(b) Total purchase price \$	(d) Monthly Payments \$	(f) Term
38. Have you or any related Company - since the last fiscal year end - built or do you contemplate building or acquiring or having built in the next 2 years a building, shop or plant of your own or an extension of your present one? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please list here (if more than one use a separate sheet of paper).		
39. Is there a Business Plan for the company? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes</b> , please attach a copy of it.		

40. Is there a formal Buy/Sell Agreement?  Yes  No **If yes, please provide a copy.**  
 By what means is the Buy/Sell Agreement or any other continuity agreement funded?

Please outline brief details of the plan that is in effect regarding continuity/succession of the ownership and management of the Company.

41. Key Person Life Insurance: Yes  No

KEY PERSON	AMOUNT	BENEFICIARY

42. List of insurance coverage in effect:

Coverage	Yes	No	Limits	Insurance Co.	Coverage	Yes	No	Limits	Insurance Co.
Liability	<input type="checkbox"/>	<input type="checkbox"/>	\$		Fidelity	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Environmental Ins.	<input type="checkbox"/>	<input type="checkbox"/>	\$		Equipment	<input type="checkbox"/>	<input type="checkbox"/>	\$	
Errors & Omissions	<input type="checkbox"/>	<input type="checkbox"/>	\$						

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

(a) Type:	Type:	Type:
(b) Amount: \$	Amount: \$	Amount: \$

44. What work program do you feel your organization is qualified to undertake:  
 (a) Total program any one time: \$ (b) During the next 12 months: \$

45. Attached to this presentation should be:

- Last three fiscal year end statements and any recent interim statement of the 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
- Purpose and description of operations of each of the related or privately owned companies whether active or not
- Current Uncompleted Work Schedule *and* Uncompleted Work Schedule as of latest financial year end (Form No. 9038)
- A copy of the complete Line of Credit Loan Agreement with your bank.

46. Remarks:

**“NOTICE AND ACKNOWLEDGEMENT”**

If, within this questionnaire, the contractor must submit personal information on anyone, within the meaning of the act *respecting the protection of personal information in the private sector*, the contractor acknowledges having obtained such information from the persons concerned or from third parties with the consent of such persons, from whom it has obtained the consent to communicate such information for the purpose of this questionnaire.

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

Prepared for the Company by: \_\_\_\_\_ Position \_\_\_\_\_  
 (please print) (please print)

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Thank You**