

CA License #0E70906

Contractor's Questionnaire

Thank you for your interest in obtaining bonds through

Artisan Bonding & Insurance Services

The following items are required for a complete submission.

1. 2 years CPA prepared financial statements.
2. Contractor's Surety Questionnaire (attached).
3. Personal Financial Statements on all owners (attached).
4. Resumes on key personnel (attached).
5. Work-in-progress report (attached).
6. Bond Request Form (attached).

If you have recently completed any of the above documents, even with another agent, you may submit copies of those instead. Thank you.

Sincerely,

Artisan Bonding & Insurance Services

Artisan Bonding & Insurance Services, LLC155 Rochester Street
Costa Mesa, CA 92627

(800) 598-7535 - Toll Free

(949) 515-4194 - Telephone

(949) 515-2984 - Fax

WWW.ARTISANBONDING.COM

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Contractor's Questionnaire**A. GENERAL INFORMATION**Contractor: _____ Check one: ☐ Corporation ☐ Partnership ☐ Proprietorship

Address: _____

Phone: _____ Fax: _____ Federal Express #: _____

License #: _____ License Class: _____ Tax I.D. #: _____

Date Business Formed: _____ Date incorporated: _____

1. Corporate Officers, Partners, Proprietors, Owners, Key Personnel:

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>Social Security #</u>	<u>% of Ownership</u>	<u>Spouses Name</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

2. List 5 Largest Jobs Completed In The Past 5 Years:

<u>Owner, Person to Contact</u>	<u>Phone #</u>	<u>Type of Work</u>	<u>Year</u>	<u>Contract Price</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

3. List Principal Suppliers:

<u>Name</u>	<u>Material/Service Provided</u>	<u>Address (Street, City, State, Zip)</u>	<u>Phone #</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

B. FINANCIAL INFORMATION:**Accounting:**

Accounting Firm: _____ Phone #: _____

Address: _____

Years with Firm: _____ Fiscal year end: _____ How often are financial statements prepared? _____

Financial Statements:

☐ Compilation
☐ Review
☐ Audit

Accounting Method:

☐ % of Completion
☐ Completed Contract
☐ Cash

Tax Method:

☐ % of Completion
☐ Completed Contract
☐ Cash

Contractor's Surety Questionnaire

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B. Financial Information, continued.

Banking:

Name of Bank: _____ Phone #: _____

Address: _____ Years with this bank: _____

Account Numbers: _____

Line of Credit Amount: \$ _____ Date Established: _____ Date of Expiration: _____

Secured by: _____ Bank Officer: _____

***(Please attach a copy of credit or loan agreement.)**

Surety: Name of current and prior sureties.

Surety

Agent

Phone #

C. Questionnaire

1. Has there been any recent change in control of the company? Yes _____ No _____
If Yes, explain: _____
2. Is the company/owner(s) connected with other companies as a subsidiary, parent, holding or affiliate? Yes _____ No _____
If Yes, explain: _____
3. Type of construction work performed: _____
4. What percentage of your work do you normally undertake with your own forces? _____
5. What has been your largest work program (uncompleted work-on-hand) in the last three years? _____
6. Does the company own adequate equipment? _____ and/or lease equipment? _____
7. Has the company/owner ever defaulted on a contract, forcing a Surety to suffer a loss? Yes _____ No _____
If Yes, explain: _____
8. Has the company ever failed to complete a contract? Yes _____ No _____
If Yes, explain: _____
9. Any disputes on contracts? Yes _____ No _____
If Yes, explain: _____
10. Has the company, any affiliate or owner(s) ever experienced a bankruptcy? Yes _____ No _____
Been in Receivership? Yes _____ No _____ If Yes for either, explain: _____
11. Are any liens for labor and/or material filed against the company on any contracts? Yes _____ No _____
If Yes, explain: _____
12. Are job cost records maintained? Yes _____ No _____ How often are they reviewed? _____ updated? _____

**(Please attach additional pages as needed.)*

I (we) affirm that the foregoing statements made, and answers given, are true. I (we) authorize the company to investigate my (our) statements and to check my (our) credit with any creditors or lending institutions.

Signed this _____ day of _____, 20 _____

By: _____,
Signature

_____,
Name and Title

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PERSONAL FINANCIAL STATEMENTS
AS OF _____, _____

CA License #0E70906

Name: _____

Social Security No.: _____

Date of Birth: _____

Spouse: _____

Social Security No.: _____

Date of Birth: _____

Residence Address: _____

Assets					
Cash in Bank					
<u>Bank Name and Number</u>	<u>Location</u>	<u>Account No.</u>	<u>Amount</u>		
Accounts/Notes Receivable					
<u>From Whom</u>	<u>Address</u>	<u>Due Date</u>	<u>Security</u>	<u>Amount</u>	
Investments					
<u>Name & No.(s) of Instrument</u>	<u>Exchange & Call</u>	<u>No.Shares</u>	<u>Price/Share</u>	<u>Market Value</u>	
Real Estate					
<u>Description</u>	<u>Address</u>	<u>Title in Name of</u>	<u>Date Acquired</u>	<u>Cost</u>	<u>Market Value</u>
Cash Value of Life Insurance					
<u>Name of Company</u>	<u>Name of Insured</u>	<u>Policy No.</u>	<u>Beneficiary</u>	<u>Face Value</u>	<u>Cash Value</u>
Other Assets					<u>Amount</u>
Total Assets					

Liabilities				
Accounts/Notes/Loans Payable				
<u>To Whom</u>	<u>Address</u>	<u>Due Date</u>	<u>Security</u>	<u>Amount</u>
Mortgage Payable				
<u>To Whom</u>	<u>Address</u>	<u>Monthly Payments</u>	<u>Monthly Income</u>	<u>Loan Balance</u>
Borrowed on Life Insurance				<u>Loan Balance</u>
Other Liabilities				<u>Amount</u>
Total Liabilities				
Net Worth (Total Assets less Total Liabilities)				

I/we hereby certify that this financial statement presents accurately my financial condition to the best of my knowledge. Authority is granted to any individual, firm, or corporation, and any financial institution to furnish Artisan Bonding & Insurance Services upon its request with any information concerning the above statement or pertaining to the Undersigned's financial standing, credit or manner of meeting obligations.

By: _____ Date: _____

By: _____ Date: _____

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RESUME

Name: _____ Home Phone: _____

Address: _____

Professional Experience

<u>Company</u>	<u>Location (City, State)</u>	<u>From</u>	<u>To</u>	<u>Position</u>	<u>Responsibilities (Include the largest project you were involved in)</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Professional References

<u>Name</u>	<u>Address</u>	<u>Phone Number</u>	<u>Length of time Acquainted</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Education

Did you graduate high school? Yes _____ No _____

College Name: _____ Dates, From: _____ To: _____

Degree: _____

Special education or training related to current business activity: _____

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UNCOMPLETED WORK-IN-PROGRESS

As of _____

Contractor _____

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	A	B	C	D	E	F
Job Name & Number	Contract Price Plus Change Orders (Include Gross Profit)	Original Estimate of Gross Profit	Total Billed To Date (Incl. Retainage)	Total Cost Incurred To Date	Estimated Cost Remaining To Complete = A - B - D	Estimated Gross Profit/Loss at Completion
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						

1. Do any billings include unapproved claims on disputed items? Yes _____ No _____

Explain: _____

2. Are any jobs behind schedule? Yes _____ No _____ Subject to penalty? Yes _____ No _____

Explain: _____

Please attach explanations as needed.

Bond Request Form

I. General Data

Contractor's Name: _____
Contractor's Street Address: _____
Contractor's City, State, Zip: _____
Obligee's (Project Owner's) Name: _____
Obligee's (Project Owner's) Address: _____
Project Name: _____
Project Location: _____

Cost-to-complete work on hand:

Current work on hand (cost-to-complete): \$ _____
+ Total bid prices on outstanding bid bond: \$ _____
+ Total contract prices on outstanding final bonds: \$ _____
= Updated cost-to-complete: \$ _____

II. Bid Bond Data - Please include Obligee's Form

Bid Date: _____
Total bid price: \$ _____ x Bid bond % _____ % = Bid bond amount: \$ _____
Time to complete: _____ days Liquidating damages: \$ _____
How many duplicate copies of the original bid bond are required? _____
Percent of work subcontracted? _____

III. Final Bond Data - Please include Obligee's Form

Total Contract Price: _____ Contract date: _____
Performance bond percent: _____ %
Payment bond percent: _____ %
Maintenance period: _____
Time to complete: _____ days Liquidating damages: \$ _____
How many duplicate copies of the original bid bond are required? _____
Percent of work subcontracted? _____