## J. Ryan Bonding, Inc.

**Contractor's Questionnaire** 

1. Introduction Contractor's Name		Federal Tax ID#				
Address						
Telephone       Fax       Date Business Founded						
Is your Organization Union? 🔲 Y	ES 🔲 NO 🛛 Numb	er of Employees		Number of C	Crews	
Type of Organization 🔲 Corpora	ation 🔲 Partnership	Sole Proprietor	ship 🔲 Othe	er (specify)		
If Corporation, have Stockholders	elected to be conside	red a "Sub Chapter 'S	' Corporation"?	🗋 YES 📮	NO	
Date Incorporated?	Are all Stockhold	ders/Owners actively i	involved in the	business? 🔲 Yl	es 🔲 No	
If NO, please explain						
	List all Stockholde	rs / Owners and Key I	Personnel:			
Stockholder	Soc Sec #	Title/Position	% of Ownership	Date of Birth	Years/Experience in Construction	

Name: Spouse: Address:			
Name: Spouse: Address:			
Name: Spouse: Address:			
Name: Spouse: Address:			

List Affiliated, Subsidiary or Related Companies in which this firm or its stockholders / owners have interest:					
Name & Address         % of ownership         Scope of operation					

## 2. Financial Data

When is your fiscal year end?

Who prepares your fiscal year end financial statements?					
Telephone Do you have interim financial statements prepared? How often?					
What method of accounting is used in preparing statements? 🔲 Completed Contract 🔲 Accrual 🔲 % of Completion					
On what basis of accounting are taxes paid ? 🔲 Completed Contract 🔲 Accrual 🔲 % of Completion 🛄 Cash					

ns been profitable since fir	nancial statement da	te? 🗋 YES 🗖	NO If NO,	, please explain	· · · · · · · · · · · · · · · · · · ·
entures contemplated? $[$	YES 🔲 NO	If YES, please des	cribe		
less been audited by the	IRS? 🔲 YES 🔲 N	O Year?	Are your taxes	s current? 🔲 YES	🔲 NO
greement in effect?	YES 🔲 NO	If YES, please attac	h a copy.		
f an owners death, is a pl	an in effect to compl	ete all uncompleted	work? 🔲 YI	ES 🔲 NO If YES	S, please
ility Insurance		Phon	e	Fax	
		Phone	e	Fax	·····
er(s) you deal with					
n established Line of Crea	dit? 🔲 YES 🔄 N	IO If YES, amo	unt \$		
List su	uppliers from whom y	ou buy most of you	ır materials:		
Address	Contact	Phone	Fax	Annual Purchase (\$)	How L
ne for Public _	%	Private _		%	
f work is as Prime _	%	sub		%	
·	_				
				Contract	Date
				Amount (\$)	Comp
	entures contemplated?	entures contemplated? YES NO hess been audited by the IRS? YES NO greement in effect? YES NO f an owners death, is a plan in effect to comple wility Insurance	entures contemplated? YES NO If YES, please desiness been audited by the IRS? YES NO Year?	entures contemplated? YES NO If YES, please describe   are your taxes greement in effect? YES NO If YES, please attach a copy. f an owners death, is a plan in effect to complete all uncompleted work? YI ility Insurance Phone Phone Phone Phone Phone Phone Phone Phone Fax Address Contact Phone Fax Phone Fax Instabilished Line of Credit? YES NO If YES, amount \$ If an owners of your materials: Contact Phone Fax Phone Fax Instabilished Line Or Credit? YES NO If YES, amount \$ If an owners of your materials: Contact Phone Fax Phone <	f an owners death, is a plan in effect to complete all uncompleted work? YES NO If YES illity Insurance Phone Fax Phone Fax Phone Fax er(s) you deal with n established Line of Credit? YES NO If YES, amount \$ List suppliers from whom you buy most of your materials: Address Contact Phone Fax Annual Purchase (\$) Contact Phone Fax Contract Contact Phone Fax Contract

Principal subcontractors you have used in the past 2 years:							
Company	Address	Contact	Phone	Fax	Type of Work / Amount (\$)	Date Completed	
Largest previous job \$ Largest previous work program \$ Average Size Contracts \$							
Largest single contract your company can best handle \$							
Maximum dollar amount of Work On Hand your company can best handle							
Radius your company can best operate in miles							
Have you ever failed to complete a contract? 🛄 YES 🛄 NO If YES, please explain							
Have you ever had significant problems with a project? $\Box$ YES $\Box$ NO $$ If YES, please explain							

## 4. Bonding History

Name all surety companies with whom you have dealt and the reason for change:						
Surety Company	Agency	Amount of Year Reason for Change				
		Bonding Credit				

J. Ryan Bonding, Inc. is authorized to verify any information contained herein including but not limited to my credit and employment history and to request, obtain and use credit information on me/us in the processing of my/our application. This document, or any photostatic copy hereof, hereby authorizes any third party to furnish complete consumer credit reports.

## THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

SIGN HERE X \_\_\_\_\_