

The Cayemitte Group

Bonding ▪ Management Liability ▪ Risk Management ▪ Insurance ▪
102 Farnsworth Ave 3rd Floor, Bordentown, NJ 08505
Main 609-521-4200 ▪ Fax 888-870-1730

CONTRACT QUESTIONNAIRE

1. Name of Firm: The name of your company
2. Address: 123 Main Street 3. Fiscal Yr. End: 12/31
Anytown Anystate
(City) (State) (Zip)
4. Phone: _____ 5. Contracting Specialty: Construction
6. Contact Person: _____ 7. Title: President
8. Year Business Started: 2002 9. Type of Business: Corp. Part. Prop. Sub. S. Corp.
10. State of Incorporation: NY 11. Area of Operation: NY metropolitan (NJ, NY and LI)
12. List the corporate officers, partners or proprietors of your firm:

| | <u>Name</u> | <u>Yr. of Birth</u> | <u>Position</u> | <u>Percent Owned</u> | <u>Name of Spouse</u> |
|----|-----------------|---------------------|-----------------------|----------------------|-----------------------|
| A. | <u>John Doe</u> | <u>1969</u> | <u>President</u> | <u>50%</u> | <u>Jane</u> |
| B. | <u>Mark Doe</u> | <u>1974</u> | <u>Vice President</u> | <u>50%</u> | <u>Joan</u> |
| C. | _____ | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ | _____ |

13. Will the above individual and spouses personally indemnify Surety? Yes No
If no, explain: _____

14. Is there a buy/sell agreement among the owners of the business? Yes No

15. Is this agreement funded by life insurance? Yes No

16. Corp. Indemnity? Yes No

17. Cross/Corp Indemnity? Yes No

18. How many people does your firm employ? 7 19. How many work crews? 2

20. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? Yes No

If yes, please explain: _____

Is your firm or any of its owners or officers currently involved in any litigation?

Yes No. If yes, explain: _____

21. What percentage of the firm's work is normally for:

Government Agencies: 50 % Private Owners: 50 %

22. What percentage of the firm's work is normally subcontracted: 75 %

23. Are bonds required of subs? Yes No

25. What trades do you normally subcontract? HVAC, Plumbing, Heating, foundation, Electrical
26. What is largest amount of uncompleted work on hand at one time in the past?
 Amount: \$ 1,200,000 Year: 2009
27. What is the largest job you expect to do during the next year? \$ 800,000
28. What is the largest uncompleted work program expected during the next year? \$ 1,500,000
29. What is your expected annual volume next year? \$ 2,000,000
30. What trades do you normally undertake with your own forces? Painting, drywall, carpentry, window and door installations, roof

31. SIC CODE:

32. Do you lease equipment? Yes No
33. Type of lease? month to month
34. What are the terms of the lease? as needed - usually 30-90 day leases for heavy equipment rentals

35. Name of your CPA: _____
 Address: _____
 Phone: _____ Contact Person: _____

36. On what basis are taxes paid? Cash Completed Job Accrual % of Completion
37. On what basis are financial statements prepared? Cash Completed Job Accrual % of Completion
38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation
39. How often are financial statements prepared? Annually Semi-annually
 Quarterly Monthly
40. Do you have a full time accountant on staff? Yes No
41. Yrs. Experience _____

42. Are job cost records kept? Yes No
43. How often reviewed? monthly
44. How often updated? monthly
45. Do they show job detail? Yes No
46. Frequency? _____

47. Name of your bank: Any Bank NA
 Address: _____
 Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ 100,000
49. Expiration Date: 6/15 What is the interest rate? Prime + 1%
51. UCC Filing? Yes No
52. How is credit secured? business assets
53. Is your firm unionized? Yes No
54. What is your firm's Dun & Bradstreet Number? _____
55. D & B Rating: _____
56. Pay Record: _____
57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies: Not applicable
- | <u>Name</u> | <u>Reason for Leaving</u> |
|-------------|---------------------------|
| A. _____ | _____ |
| B. _____ | _____ |
| C. _____ | _____ |

59. List five of your largest contracts:

| | <u>Job Name</u> | <u>Contract Price</u> | <u>Gross Profit</u> | <u>Completion Date</u> | <u>Bonded?</u> |
|----|-------------------------------------|-----------------------|----------------------------|------------------------|---------------------------------------------------------------------|
| A. | NY Gov't agency | \$1,095,000 | \$ 98,750 | 2/07 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Owner: NYC Housing Authority | | Design Professional: _____ | | |
| B. | Subway Stores | \$849,000 | \$ 65,020 | 2/10 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Owner: Subway Corp. | | Design Professional: _____ | | |
| C. | Merrill Lynch LI offices | | \$ 44,000 | 5/09 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Owner: Merrill Lynch | | Design Professional: _____ | | |
| D. | Nassau County Dept. of Public Works | \$460,000 | \$107,755 | 6/10 | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| | Owner: Nassau County | | Design Professional: _____ | | |
| E. | _____ | | \$ _____ | _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Owner: _____ | | Design Professional: _____ | | |

60. List five of your major suppliers:

| | <u>Name</u> | <u>Address</u> <u>Street and City address</u> | <u>Telephone</u> | <u>Contact</u> |
|----|--------------------|--------------------------------------------------|------------------|----------------|
| A. | Home Depot | _____ | (518)-000-0000 | John Smith |
| B. | Sal's Supply House | Street and City address | (914)-555-0000 | John Public |
| C. | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ |

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

| | | | |
|----|--------------------------------|----------------|---------------------------|
| A. | Name: Steve's Concrete Company | Address: _____ | Telephone: (516)-555-0000 |
| | Contact: Steve Smith | _____ | Job: Subway stores |
| B. | Name: Cool HVAC Systems | Address: _____ | Telephone: (518)-555-0055 |
| | Contact: John Smithson | _____ | Job: Subway stores |
| C. | Name: _____ | Address: _____ | Telephone: _____ |
| | Contact: _____ | _____ | Job: _____ |
| D. | Name: _____ | Address: _____ | Telephone: _____ |
| | Contact: _____ | _____ | Job: _____ |
| E. | Name: _____ | Address: _____ | Telephone: _____ |
| | Contact: _____ | _____ | Job: _____ |

62. List three Architects you have done business with:

A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

63. List key personnel, foremen or supervisors:

| | Name | Position | Yr. of Birth | Yrs. Exper. | Previous Employer |
|----|------------|-------------------|--------------|-------------|--------------------------|
| A. | John Doe | Pres/Project Mgr. | 1969 | 25 | AAA Construction Co. |
| B. | Mark Doe | VP/Superintendent | 1974 | 20 | AAA Construction Co. |
| C. | John Smith | Estimator | 1977 | 15 | Harvey's Contracting Co. |
| D. | _____ | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ | _____ |

64. List any life insurance in effect on key personnel:

| | Name | Beneficiary | Amount | Cash Value |
|----|-----------------------------|-------------|--------------|------------|
| A. | John Doe | Jane Doe | \$ 1,000,000 | \$ 45,000 |
| | Insurance Company: NY Life | | | |
| B. | Jane Doe | John Doe | \$ 500,000 | \$ 0 |
| | Insurance Company: Met Life | | | |
| C. | Mark Doe | | \$ 1,000,000 | \$ 55,000 |
| | Insurance Company: MetLife | | | |

65. List other insurance coverage currently in effect:

| | Limits in '000's | | Carrier | Expiration Date |
|------------------------|------------------|----------|-----------|-----------------|
| | BI | PD | | |
| A. General Liability: | \$ 1,000,000 | \$ _____ | Travelers | 2/1X |
| B. Auto Liability: | \$ 500,000 | \$ _____ | Hartford | 4/1X |
| C. Umbrella: | \$ 2,000,000 | \$ _____ | Travelers | 11/1X |
| D. Owner's Protection: | \$ _____ | \$ _____ | | |

66. List any subsidiaries and affiliates of the contracting firm:

| | Firm Name | Ownership | Type Business | NANDA Code |
|----|-----------|-----------|---------------|------------|
| A. | _____ | _____ | _____ | _____ |
| B. | _____ | _____ | _____ | _____ |
| C. | _____ | _____ | _____ | _____ |
| D. | _____ | _____ | _____ | _____ |
| E. | _____ | _____ | _____ | _____ |

67. Are you currently under indictment, on parole or probation? Yes No

Have you ever been charged with and/or arrested for any criminal offense other than a minor motor vehicle violation? Include offenses which have been dismissed, discharged or not prosecuted. Yes No

Have you ever been convicted, placed on pre-trial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a motor vehicle violation? Yes No

68. Are there any judgments, tax liens or other credit issues pending against the company or owners? Yes No
If yes, please explain including dates entered, amount of judgment, etc.

Completed by: John Doe
Title: President
Date: 2/11/1X