BondPro, Inc. 217 S.E. Choctaw Bartlesville, OK. 74003

Contractor's Questionnaire

Company Name:							
Address:		City:_		State	e:Zip:		
Phone:	Fax:			Fed. ID #:			
Address:Struct Year Started: Struct	ure: Pro	prietorship	Partnersh	nip 🔲 LLC 🔲	C-Corp		
Contractor's Lic. No.		Exp.	Date:	· Clas	ss of Lic.		
Contractor's Lic. No Construction Specialties:							
Geographic Area of Operation:							
What % of the firm's work perfo	rmed as	: Prime?		Subcontr	actor?		
What % of the firm's work performed as: Prime? Subcontractor? What % of the firm's work performed as: Public Work? Private Work?							
What trades are subcontracted							
What trades are done by your l							
Is the firm union? Yes	No \Box	Are you S	RΔ 8(a) ce	artified? Ve	s \square No \square		
Number of Employees?							
		<u>Organiz</u>					
List all subsidiaries and/or affili		he firm:					
Name	O۱	vnership	ı ype o	f business	Cross-indemnify?		
					Yes 🗌 No 🗌		
					Yes No No		
	-						
List the officers, partners or ow					•		
1. Name:		Posit	ion:		Ownership%:		
SS# D.O.E			ıse:		SS#		
Home Address:							
2. Name:		Posit	ion: Ownership%:				
2. Name: D.O.E	B	Spou	use:		SS#		
Home Address:							
3. Name:		Posit	ion:		Ownership%:		
3. Name: D.O.E	D.O.B. Spo				 SS#		
Home Address:			-				
4. Name:		Posit	ion:		Ownership%:		
SS# D.O.E	Pos D.O.BSpo				SS#		
Home Address:							
Do any of the above have a Fa	milv Tru	st? No □	Yes 🗆	If ves. prov	ide copy.		
Is there a Buy/Sell Agreement							
Has the Company or any of its					ness or defaulted so as to		
cause a loss to a surety? No							
Is the Company or any of its O	wners ci	rrently involved	d in litination	on? No	Yes 🗆		
If you avalain:				o 110	. 66 🖂		
Company Attorney:Phone:Phone:							
Addie33							
List the key personnel of your f					perintendents, project		
managers, estimators and othe							
Name	Year Hired	Current Position	DOB	# yrs experience	Summary of education, work experience		
				'	•		
				+			

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List any life insura					(" . '			
1. Name:		0 1- 1/-1	- Φ	t	seneficiary	":		
Amount: \$Cash Value:				l	Beneficiary: Insurance Company:			
2. Name:		0 1 1 1	•	<u> </u>	Beneficiary: Insurance Company:			
Amount: \$		Cash Value	e: \$	I	nsurance (Company:		
				Accounting	ı			
Bookkeeper or in-	house	accountant	t•			ouse software:		
Your CPA firm:	.0000	accountain		Contact:		Pho	one: sh	
Basis of Tax prepa	aration	? %Com	oletion	Completed (Contract [Accrual Ca	sh 🗆	
Basis of F/S prepa	ration	? %Com	pletion	Completed (Contract [] Accrual ☐ Ca	sh 🗍	
How often are F/S								
CPA audit								
Are job costs tied	to the	General Le	daer?	No ☐ Yes ☐	How ofte	en updated?		
Is estimate compa	red to	actual cost	s/guar	ntities? No 🗆	Yes □ H	How often?		
							cial statement with	
respect to the follo						nost recent inian	olal statement with	
Ownership Withdrawals								
Major loans/ref	inanci	na						
Major purchase	es/leas	ses						
Other	, iouc							
				Bonding				
Name of current s	uretv:			<u></u>				
How long with cur	rent su	ıretv:		Reason fo	or changin	a?		
Is collateral on der	oosit w	ith any pric	or sure	tv? No ☐ Yes	☐ Type/	Amount \$		
Has your firm been								
,			.,		.,	•	F	
Bond Credit desire	ed:	Single Job	\$		Work F	Program \$		
		_						
				<u>Banking</u>				
Bank Name:					Cor	ntact:		
Address:						Phone:		
Line of Credit: N	οП	Yes 🗌	Amo	unt: \$		Exp. Date:		
How secured?				Amt. of li	ne current	lv in use? \$		
						,		
				Insurance				
List Insurance Cov	erage:	s currently	in plac					
Coverage	3 -	Single Li	mit	Aggregate Limit		Carrier	Expiration Date	
	u u				· ·			
				References	;			
List four of your m	aior si	ippliers:		110101011000	•			
Name				Address		Contact	Phone	
Trains								

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List for	ur subcontractors	(or General/Prime	s if you are a Su	b) that	you do business v	vith:			
1.	Name:				Phone:				
	Address:				Contact:				
2.	Name:				Phone:				
	Address:				Contact:				
3.	Name:				Phone:				
	Address:				Contact:				
4.	Name:				Phone:				
	Address:				Contact:				
	st job completed?	\$	Job Experier		_ Year compl	eted:			
_	st backlog (cost to e of your largest o	. ,	time: \$		<u> </u>	rear:			
1.	Job description:	JOHTHACTS.							
1.	Location:		Completion Date:		Bonded?		Yes 🗌	No 🗌	
	Final Contract Price:		<u> </u>		Final Gross Profit:				
	Owner:	Owner: Contact:			Phone:				
2.	Job description:								
2.	Location:		Completion Date:		Bonded?		Yes 🗌	No 🗌	
	Final Contract Price:				Final Gross Profit:				
	Owner:		Contact:		Phone:				
3.	Job description:								
	Location:		Completion Date:		Bonded?		Yes 🗌	No 🗌	
	Final Contract Price:				Final Gross Profit:				
	Owner: Contact:				Phor	ne:			
4.	Job description:								
	Location:		Completion Date:		Bonded?		Yes 🗌	No 🗌	
	Final Contract Price:		•		Final Gross Profit:				
	Owner:		Contact:		Phone:				
5.	Job description:								
	Location:	ation: Completion Date:			Bonded?		Yes 🗌	No 🗌	
	Final Contract Price:				Final Gross Profit:				
	Owner:		Contact:		Phor	ne:			
execut author necess	te surety bonds. I ize the surety to sary to underwrite	understand that obtain credit inf this application.	false information and to	on may	ect, and is given y constitute misre e such other inve	oresent	tation or	r fraud. I	
	actor:								
-									
Title:									
Date									