

## **CONTRACTOR'S PRE-QUALIFICATION CHECKLIST**

### **◆ INFORMATION REQUIRED FOR SUBMISSION:**

- Completed Contractors Questionnaire (attached)
- Three (3) Fiscal Year End Financial Statements (if financial statements are not available, please substitute with three years company and personal tax returns)
- Latest Available Interim Financial Statement.
- Current Personal Financial Statement on all Owners/Stockholders (please see attached forms, if needed)
- Current Schedule of all Uncompleted Work (attached)
- Current Bank Reference Letter (sample attached)
- Resumes on all Owners/Officers and Key Employees
- Current Certificate of Insurance
- Copy of Articles of Incorporation or Assumed Name Certificate
- Copies of any Reference Letters Currently on File for the Company

### **◆ IF THERE IS A CURRENT BOND REQUEST, ALSO INCLUDE:**

- A fully Completed Bid, Payment and Performance Bond Request (attached)
- Copy of Contract or Award Letter (not necessary if you are requesting a bid bond)
- Bond Forms, If Specified by Obligee

# NSSI

NATIONAL SURETY SERVICES, INC.

3091 Holcomb Bridge Road • Suite H-2 • Norcross, GA 30071  
1-800-953-6699 • (770) 394-9444 • FAX (770) 394-6888

## CONTRACTORS QUESTIONNAIRE

1. Name of Firm: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

2. Address: \_\_\_\_\_ County: \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (zip)

3. Phone No.: (\_\_\_\_) \_\_\_\_\_ Fax No.: (\_\_\_\_) \_\_\_\_\_ Cell Phone No.: (\_\_\_\_) \_\_\_\_\_

4. Contracting Specialty: \_\_\_\_\_ Email Add: \_\_\_\_\_

5. Contact Person: \_\_\_\_\_ 6. Title: \_\_\_\_\_

7. Date Business Started: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ 8. Type of Business: Corp.  Part.  Prop.  Sub. "S" Corp.

9. State of Incorporation: \_\_\_\_\_ 10. Company Year End: \_\_\_\_\_

11. Federal Express Billing No.: \_\_\_\_\_ or UPS Billing No.: \_\_\_\_\_

12. Areas of Operation: \_\_\_\_\_

13. List the Corporate Officers, Partners or Proprietors of Your Firm (If Incorporated, Please Indicate Corporate Secretary):

	<u>Name</u>	<u>Yr. of Birth</u>	<u>Position</u>	<u>Percent Owned</u>	<u>Social Security No.</u>	<u>Married Yes/No</u>
A.	_____	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____	_____

14. Is there A Buy-Sell Agreement Among the Owners of the Business? Yes  No  If Yes, Please Attach a Copy of the Agreement.

15. Is this Agreement Funded by Life Insurance? Yes  No

16. Does the Company have a Continuity Plan in Effect? Yes  No  If Yes, Please Attached a Copy of the Plan.

17. How Many People Does Your Firm Employ? \_\_\_\_\_ 18. How Many Work Crews? \_\_\_\_\_

19. Does Your Firm Utilize Union Work Crews? Yes  No  If Yes, What Percent: \_\_\_\_\_%

20. Has Your Firm or any of its Principals Ever Petitioned for Bankruptcy, Failed in Business, or Caused a Loss to a Surety? Yes  No   
If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

21. Is Your Firm or any of its Owners/Officers Currently Involved in any Litigation? Yes  No

If Yes, Please Explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

22. What Percentage of the Firm's Work is Normally for: Government Agencies \_\_\_\_\_ % Private Owners: \_\_\_\_\_ %

23. What Percentage of the Firm's Work is Normally Subcontracted: \_\_\_\_\_ %

24. Are Bonds Required of Subcontractors? Yes  No

Please Explain: \_\_\_\_\_

25. What Trades do You Normally Subcontract? \_\_\_\_\_

26. What is the Largest Amount of Uncompleted Work on Hand at One Time in the Past? Amount \$ \_\_\_\_\_ Year \_\_\_\_\_

27. What is the Largest Job You Expect to Perform During the Next Year? \$ \_\_\_\_\_

28. What is the Largest Uncompleted Work Program Expected During the Next Year? \$ \_\_\_\_\_

29. What is Your Expected Annual Volume Next Year? \$ \_\_\_\_\_

30. What Trades do You Normally Undertake with Your Own Forces? \_\_\_\_\_

31. Does your Firm Lease Equipment? Yes  No  Type of Lease: \_\_\_\_\_

32. What are the Terms of the Lease? \_\_\_\_\_

33. Name of Your CPA: \_\_\_\_\_

Address: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

34. On What Basis are Taxes Paid? Cash  Accrual  Completed Job  Percentage of Completion

35. On What Basis are Financial Statements Prepared? Cash  Accrual  Percentage of Completion

36. On What Level of Assurance are Financial Statements Prepared? Compilation  Reviewed  Audit

37. How Often are Financial Statements Prepared? Monthly  Quarterly  Semi-Annually  Annually

38. Do You Have a Full Time Accountant or Controller on Staff? Yes  No  If Yes, Years of Experience: \_\_\_\_\_

39. Does Your Firm Prepare any of the Following Internal Reports (Please Check all that Apply):

Monthly Balance Sheet  Monthly P & L Statement  Monthly Aging of Accounts Receivable and Payable

40. Are Job Cost Records Maintained? Yes  No

How are they Maintained: Computerized  Manually  How Often are They Reviewed? \_\_\_\_\_

How Often are They Updated? \_\_\_\_\_ Do They Show Job Detail? Yes  No

41. Name of Your Bank: \_\_\_\_\_

Phone No.: (\_\_\_\_\_) \_\_\_\_\_ Contact Person: \_\_\_\_\_

42. Does the Firm or any of the Principals Have a Bank Line of Credit? Yes  No

Amount: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How is it Secured? \_\_\_\_\_

43. Previous Bonding Companies: (Please Add More Lines if Needed)

Name

Reason for Leaving

A. \_\_\_\_\_

B. \_\_\_\_\_

44. List Three of Your Largest Contracts: (This Can Include Completed and Uncompleted Projects)

A. Owner: \_\_\_\_\_ Project Title: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

B. Owner: \_\_\_\_\_ Project Title: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

C. Owner: \_\_\_\_\_ Project Title: \_\_\_\_\_  
Contract Price: \$ \_\_\_\_\_ Gross Profit: \$ \_\_\_\_\_ Completion Date: \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

45. List Five of Your Major Suppliers:

A. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

D. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

E. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_

46. List Three Subcontractors You Do Business With:

A. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Most Recent Project: \_\_\_\_\_

B. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Most Recent Project: \_\_\_\_\_

C. Name: \_\_\_\_\_ Phone No.: (\_\_\_\_\_) \_\_\_\_\_  
Contact Person: \_\_\_\_\_ Most Recent Project: \_\_\_\_\_

47. List any Life Insurance in Effect under the Company: (Please add More Lines if Needed)

A. Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

B. Name: \_\_\_\_\_ Beneficiary: \_\_\_\_\_  
Amount: \$ \_\_\_\_\_ Cash Value: \$ \_\_\_\_\_ Insurance Co.: \_\_\_\_\_

48. List any Subsidiaries and/or Affiliates of the Company: (Please add More Lines if Needed)

Name	Ownership	Type of Business
A. _____	_____	_____
B. _____	_____	_____

49. List the Full Name of Each Stockholder's/Owner's Spouse: (Please add More Lines if Needed)

Full Legal Name	Social Security Number	Full Legal Name	Social Security Number
A. _____	_____	D. _____	_____
B. _____	_____	E. _____	_____

**READ CAREFULLY**

The Undersigned hereby affirms that the foregoing statements made, and answers given, are the truth and are made to induce the Surety to execute or procure the execution of surety bonds, and any extensions, modifications, or renewal thereof, or substitution therefore. The undersigned further affirms that he/she understands the bond(s) applied for is a credit relationship, and hereby authorizes National Surety Services, Inc. and the Surety to gather such credit information as it considers necessary and appropriate for purposes of evaluating whether such credit should be granted. The Undersigned also acknowledges that any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

In the event that a bond or bonds are issued, the undersigned and all indemnitors of the undersigned, if any, agrees to pay or cause to be paid the premium at the rate charged therefore, and any additional charge for contract increases, if any, that may be due the Surety.

By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_  
(President, Partner or Owner)

# NATIONAL SURETY SERVICES, INC.

## PERSONAL FINANCIAL STATEMENT

(This Form Must be Signed & Dated)

<b>PERSONAL FINANCIAL STATEMENT AS OF _____, 20 _____</b>			
Name of Applicant:		Social Security Number:	Date of Birth:
Name of Spouse:		Social Security Number:	Date of Birth:
Residence Address (Street, City, State, & Zip Code):			Home Phone Number (Including Area Code):
<b>ASSETS</b>		<b>LIABILITIES</b>	
	Account Balance		Account Balance
Cash in Banks (Complete Schedule):	\$	Mortgages Payable (See Schedule):	\$
Cash - Retirement Accounts:	\$	Installment Accounts - Auto (See Schedule):	\$
Accounts Receivable (Complete Schedule):	\$	Loans Payable - Banks (Complete Schedule):	\$
Stocks/Bonds/Securities (Complete Schedule):	\$	Notes Payable (Complete Schedule):	\$
Real Estate - Residence (Complete Schedule):	\$	Accounts Payable (Complete Schedule):	\$
Real Estate - Investment/Other:	\$	Loans on Life Insurance (See Schedule):	\$
Cash Value Life Ins. (Complete Schedule):	\$	Taxes Payable:	\$
Automobiles - Present Value:	\$	Other Liabilities (Complete Schedule):	\$
Personal Property:	\$	<b>TOTAL LIABILITIES:</b>	\$
Other Assets (Complete Schedule):	\$	<b>NET WORTH:</b>	\$
<b>TOTAL ASSETS:</b>	<b>\$</b>	<b>TOTAL NET WORTH &amp; LIABILITIES:</b>	<b>\$</b>
<b>INCOME:</b>	Salary: \$	Spouse's Salary: \$	<b>TOTAL INCOME</b>
	Bonus/Other: \$	Bonus/Other: \$	

### SUPPLEMENTARY SCHEDULES OF ASSETS & LIABILITIES

(NOTE: All data listed above must appear in the appropriate schedules. Insert "None" where appropriate.)

<b>CASH IN BANKS</b>				
Bank Name, Number & Location	Account Number	Amount		
		\$		
		\$		
		\$		
<b>NOTES &amp; ACCOUNTS RECEIVABLE</b>				
Name & Address of Debtor	Amount Due	Due Date	Pledged (Yes/No)	Security
	\$			
	\$			
	\$			
<b>STOCKS / BONDS / SECURITIES</b>				
Name & Number(s) of Instrument	# - Shares	Price/Share	Market Value	Exchange & Call
		\$	\$	
		\$	\$	
		\$	\$	

<b>REAL ESTATE (Residence/Investment/Other)</b>							
Location & Description	Year Acquired	Original Cost	Market Value	Monthly Income	Monthly Payment	Mortgage Balance	Mortgage or Lien Holder
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	
		\$	\$	\$	\$	\$	

<b>CASH VALUE ON LIFE INSURANCE</b>				
Name of Insurance Company	Beneficiary	Face Value	Cash Value	Current Loans
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

<b>OTHER ASSETS</b>				
Description	Title Holder	Original Cost	Market Value	Age
		\$	\$	
		\$	\$	
		\$	\$	

<b>LOANS PAYABLE</b>				
Name of Lender	Address	Balance Due	Due in 1 Year	Loan Security
		\$	\$	
		\$	\$	

<b>ACCOUNTS &amp; NOTES PAYABLE (Including Autos &amp; Charge Accounts)</b>				
Name of Lender	Original Amount	Current Balance	Monthly Payment	Loan Security
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	
	\$	\$	\$	

<b>OTHER LIABILITIES</b>					
Description	Payable to Whom	Amount	Mo. Pymt.	Due Date	Loan Security
		\$	\$		
		\$	\$		

- |  |                              |                             |   |
|--|------------------------------|-----------------------------|---|
| 1) Are you contingently liable or an endorser on any bonds or other obligations?           | <input type="checkbox"/> YES | <input type="checkbox"/> NO | <b>Explain all Yes answers on a separate sheet of paper</b> |
| 2) Are you involved in any litigation?   | <input type="checkbox"/> YES | <input type="checkbox"/> NO |   |
| 3) Have you filed for Bankruptcy in the last 7 years?                                      | <input type="checkbox"/> YES | <input type="checkbox"/> NO |   |
| 4) Are you the beneficiary or acting as a Trustee or Executor of any Trust(s) or Estate(s) | <input type="checkbox"/> YES | <input type="checkbox"/> NO |   |

I/We hereby certify and declare that the above statement presents accurately my/our financial condition to the best of my/our knowledge. I/We hereby acknowledge that National Surety Services, Inc., and the sureties they represent will from time to time request personal credit reports to verify the stated debt, and to track our personal payment history.

By: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_ Date: \_\_\_\_\_

**NATIONAL SURETY SERVICES, INC.**  
**SCHEDULE OF ALL UNCOMPLETED WORK-IN-PROGRESS**

(List all contracts, bonded & unbonded - if cost plus contract, please indicate)

NAME OF CONTRACTOR:							DATE AS OF:			
Name of Owner/Obligee Col. 1	Start Date	Completion Date	Bonded Yes/No	Contract Price (Including Approved Change Orders) Col. 2	Total Billed To Date (Explain any Disputed Items) Col. 3	Total Cost to Date Col. 4	Total Revised Cost Remaining To Complete Col. 5	Total Estimated Project Cost At Completion Col. 6	Total Estimated Gross Profit/Loss at Completion Col. 7	
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
<b>TOTALS</b>										
<b>CONTRACTS COMPLETED SINCE LAST REPORT DATED</b>						Comments: _____				
Name of Owner/Obligee	Final Contract Price Including All Approved Change Orders		Final Total Costs	Final Gross Profit/(Loss)						
1										
2										
3										
4										
5										
6										
7										
						Signed: _____		Title: _____		
						Print Name: _____				

**NOTE: This sample letter must be supplied to your banker. This outline must be followed and all current balances and average balances must be indicated in actual dollar amounts. Should your banker have any questions, please have him/her contact your agency or National Surety Services, Inc. at 1-800-953-6699, FAX (770) 394-6888**

**SAMPLE BANK LETTER**

**PLEASE ISSUE ON BANK LETTERHEAD**

Date:

National Surety Services, Inc.  
3091 Holcomb Bridge Road  
Suite H-2  
Norcross, GA 30071

RE: BANK RELATIONS / MR. JOHN DOE AND ABC CONSTRUCTION COMPANY

Mr. John Doe originally opened his accounts with this institution on **date** and maintains the following accounts:

Business Checking Account: 1; Current Balance = \$10,245.00;  
6 mo. Avg. Balance \$18,700.00  
Business Checking Account: 2; Current Balance = \$30,876.00;  
6 mo. Avg. Balance \$32,500.00  
Personal Checking Account: 3; Current Balance = \$11,624.00;  
6 mo. Avg. Balance = \$ 4,300.00  
Personal Savings Account: Acct. 4; Current Balance = \$13,384.00;  
6 mo. Avg. Balance \$10,400.00

Certificate of Deposit in the name of John Doe or Jane Doe: Amount = \$50,000.00;  
Term = 1 year; Opened - 11/30/10; Matures - 11/30/11; AUTOMATICALLY RENEWABLE

Mr. Doe also maintains a **Revolving Line of Credit** in the name of ABC Construction Company for working capital. **AMOUNT** = \$50,000.00; **OPENED** - 6/12/99; **EXPIRATION** - 6/12/12, **SECURITY** - Trust Deed on 123 Elm St., Anytown IJSA and personal guarantee of Mr & Mrs Doe; **TERMS** - 2% over bank's prime rate but not less than 9%; **CURRENT AMOUNT OUTSTANDING** = \$22,670.00

Mr. Doe has conducted all of his relationships in a very satisfactory manner and is one of our most valued customers.

Very Truly Yours,

By: \_\_\_\_\_ (Bank Officer)

\_\_\_\_\_  
(Type Name & Title)



PLEASE MAKE COPIES &  
USE ON ALL REQUESTS

## BID, PAYMENT AND PERFORMANCE BOND REQUEST

Today's Date: \_\_\_\_\_ (PLEASE TYPE OR PRINT CLEARLY)

**Obligee** Name: \_\_\_\_\_  
 (To Whom Bond is to be Issued) Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Contractor** Name: \_\_\_\_\_  
 (Applicant) Address: \_\_\_\_\_  
 Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**Bid Bond** Amount of Bid Estimate: \$ \_\_\_\_\_ Percentage of Bid Bond Required: \_\_\_\_\_ %  
 Date Project Bids: \_\_\_\_\_ Time: \_\_\_\_\_ Project/Invitation No.: \_\_\_\_\_  
 Bond Form Specified by Obligee: Yes  No  (If Yes, Please Indicate or Attach Form) \_\_\_\_\_  
**Payment** Contract No.: \_\_\_\_\_ Contract Date: \_\_\_\_\_  
**Performance Bond** Bond Form Specified by Obligee: Yes  No  (If Yes, Please Indicate or Attach Form) \_\_\_\_\_  
 Amount of Performance Bond: \$ \_\_\_\_\_ Amount of Payment Bond: \$ \_\_\_\_\_

Original Bid Spread:	Contractor	Amount
2 <sup>nd</sup>	_____	\$ _____
3 <sup>rd</sup>	_____	\$ _____
4 <sup>th</sup>	_____	\$ _____

**All Requests** Project Title: \_\_\_\_\_  
 Project Description: \_\_\_\_\_  
 \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Project Length (Calendar Days): \_\_\_\_\_ Penalty for Late Completion (Per Day): \$ \_\_\_\_\_  
 Special Hazards: Yes  No  (If Yes, Please Describe): \_\_\_\_\_  
 \_\_\_\_\_

**WORK SUBCONTRACTED**  
 (If Bid Request, Please Provide Rough Estimates)

TYPE OF TRADE	AMOUNT	SUB BONDED Yes/No
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____
_____	\$ _____	_____

(INFORMATION NOT PROVIDED MAY DELAY EXECUTION OF BOND)