



STAR Insurance Services of Texas, Inc.

A division of the Steven L. Thomas Agency, Inc.

CONTRACTOR QUESTIONNAIRE

NAME OF FIRM			
ADDRESS (street, city, state, zip)			FISCAL YEAR END
TELEPHONE	FAX NO.	CONTRACTING SPECIALTY	FEDERAL TAX ID #
CONTACT PERSON		TITLE	
YEAR BUSINESS STARTED	TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PROPRIETORSHIP <input type="checkbox"/> SUB S. CORPORATION		
STATE OF INCORPORATION		AREA OF OPERATION	
LIST THE CORPORATE OFFICERS, PARTNERS OR PROPRIETORS OF YOUR FIRM			
NAME	YEAR OF BIRTH	POSITION	PERCENT OWNED
			NAME OF SPOUSE
SSN _____ DLIC# _____			SSN _____ DLIC# _____
SSN _____ DLIC# _____			SSN _____ DLIC# _____
SSN _____ DLIC# _____			SSN _____ DLIC# _____
SSN _____ DLIC# _____			SSN _____ DLIC# _____
SSN _____ DLIC# _____			SSN _____ DLIC# _____
SSN _____ DLIC# _____			SSN _____ DLIC# _____
WILL THE ABOVE INDIVIDUALS AND SPOUSES PERSONALLY INDEMNIFY SURETY? (if no, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS THERE A BUY/SELL AGREEMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		IS THIS AGREEMENT FUNDED BY LIFE INSURANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
CORPORATE INDEMNITY <input type="checkbox"/> YES <input type="checkbox"/> NO	CROSS CORPORATE INDEMNITY <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW MANY PEOPLE DOES YOUR FIRM EMPLOY?	HOW MANY WORK CREWS?
HAS YOUR FIRM OR ANY OF ITS PRINCIPALS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS OR DEFAULTED SO AS TO CAUSE A LOSS TO SURETY? (if yes, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			
IS YOUR FIRM OR ANY OF ITS OWNERS CURRENTLY INVOLVED IN ANY LITIGATION? (if yes, explain) <input type="checkbox"/> YES <input type="checkbox"/> NO			
WHAT PERCENTAGE OF THE FIRM'S WORK IS NORMALLY FOR: Gov. Agencies _____ % Private Owners _____ % Gen. Contractors _____ %			
WHAT PERCENTAGE OF THE FIRM'S WORK IS NORMALLY SUBCONTRACTED? _____ %			ARE BONDS REQUIRED OF SUBS? YES <input type="checkbox"/> NO <input type="checkbox"/>
WHAT TRADES DO YOU NORMALLY SUBCONTRACT?			
WHAT IS THE LARGEST AMOUNT OF UNCOMPLETED WORK ON HAND AT ONE TIME IN THE PAST? Amount \$ _____ Year _____			
WHAT IS THE LARGEST JOB YOU EXPECT TO DO DURING THE NEXT YEAR? \$ _____			
WHAT IS THE LARGEST UNCOMPLETED WORK PROGRAM EXPECTED DURING THE NEXT YEAR? \$ _____			
WHAT IS YOUR EXPECTED ANNUAL VOLUME NEXT YEAR? \$ _____			
WHAT TRADES DO YOU NORMALLY UNDERTAKE WITH YOUR OWN FORCES?			

DO YOU LEASE EQUIPMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	TYPE OF LEASE?
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WHAT ARE THE TERMS OF THE LEASE?

NAME OF YOUR CPA

ADDRESS (city, state, zip)

TELEPHONE	CONTACT PERSON
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ON WHAT BASIS ARE TAXES PAID?
 CASH COMPLETED JOB ACCRUAL % OF COMPLETION

ON WHAT BASIS ARE FINANCIAL STATEMENTS PREPARED?
 CASH COMPLETED JOB ACCRUAL % OF COMPLETION

ON WHAT LEVEL OF ASSURANCE ARE FINANCIAL STATEMENTS PREPARED?
 ANNUALLY SEMI-ANNUALLY QUARTERLY MONTHLY AUDIT REVIEW COMPILATION

DO YOU HAVE A FULL-TIME ACCOUNTANT ON STAFF? <input type="checkbox"/> YES <input type="checkbox"/> NO	YEARS EXPERIENCE
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ARE JOB COST RECORDS KEPT? <input type="checkbox"/> YES <input type="checkbox"/> NO	HOW OFTEN REVIEWED?	HOW OFTEN UPDATED?	DO THEY SHOW JOB DETAIL? YES <input type="checkbox"/> NO <input type="checkbox"/>	FREQUENCY?
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NAME OF YOUR BANK	ADDRESS
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TELEPHONE	CONTACT PERSON
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AMOUNT OF LINE OF CREDIT \$	EXPIRATION DATE	WHAT IS INTEREST RATE? %	UCC FILING? YES <input type="checkbox"/> NO <input type="checkbox"/>	HOW IS CREDIT SECURED?
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IS YOUR FIRM UNION? <input type="checkbox"/> YES <input type="checkbox"/> NO	WHAT IS FIRM'S DUN & BRADSTREET NUMBER?	D & B RATING	PAY RECORD	DATE OF RATING
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REMARKS

NAME OF LEGAL COUNSEL

ADDRESS (city, state, zip)

TELEPHONE	CONTACT PERSON
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<i>PREVIOUS BONDING COMPANIES</i>	
NAME	REASON FOR LEAVING
A.	
B.	
C.	

<i>LIST FIVE OF YOUR LARGEST CONTRACTS</i>				
JOB NAME	CONTRACT PRICE	GROSS PROFIT	COMPLETION DATE	BONDED?
A.				YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER			CONTACT NAME AND PHONE NUMBER	
B.				YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER			CONTACT NAME AND PHONE NUMBER	
C.				YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER			CONTACT NAME AND PHONE NUMBER	
D.				YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER			CONTACT NAME AND PHONE NUMBER	
E.				YES <input type="checkbox"/> NO <input type="checkbox"/>
OWNER			CONTACT NAME AND PHONE NUMBER	

LIST FIVE OF YOUR MAJOR SUPPLIERS			
NAME	ADDRESS	TELEPHONE	CONTACT
A.			
B.			
C.			
D.			
E.			

LIST FIVE SUBCONTRACTORS (OR CONTRACTORS IF YOU ARE A SUBCONTRACTOR) THAT YOU DO BUSINESS WITH

A.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB
B.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB
C.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB
D.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB
E.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB

LIST THREE ARCHITECTS THAT YOU HAVE DONE BUSINESS WITH

A.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB
B.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB
C.	NAME		
	ADDRESS		TELEPHONE
	CONTACT		JOB

LIST KEY PERSONNEL, FOREMEN OR SUPERVISORS (ATTACH COMPLETE RESUMES INCLUDING ALL OWNERS)

NAME	POSITION	DATE OF BIRTH	YEARS EXPERIENCE	PREVIOUS EMPLOYER
A.				
B.				
C.				
D.				
E.				

LIST ANY LIFE INSURANCE IN EFFECT ON KEY PERSONNEL

A. NAME				
BENEFICIARY	INSURANCE COMPANY		AMOUNT \$	CASH VALUE \$
B. NAME				
BENEFICIARY	INSURANCE COMPANY		AMOUNT \$	CASH VALUE \$
C. NAME				
BENEFICIARY	INSURANCE COMPANY		AMOUNT \$	CASH VALUE \$

LIST OTHER LIFE INSURANCE COVERAGE CURRENTLY IN EFFECT (AND FURNISH A CURRENT CERTIFICATE)

(LIMITS IN THOUSANDS)

A. GENERAL LIABILITY	BI \$	PD \$	CARRIER	EXPIRATION DATE
B. AUTO LIABILITY	BI \$	PD \$	CARRIER	EXPIRATION DATE
C. UMBRELLA	BI \$	PD \$	CARRIER	EXPIRATION DATE
D. OWNER'S PROTECTIVE	BI \$	PD \$	CARRIER	EXPIRATION DATE

LIST ANY SUBSIDIARIES AND AFFILIATES OF THE CONTRACTING FIRM

FIRM NAME	OWNERSHIP	TYPE BUSINESS
A.		
B.		
C.		
D.		
E.		

REMARKS

CONTRACTOR _____ COMPLETED BY _____

TITLE _____

DATE _____