

PENNSYLVANIA NATIONAL MUTUAL CASUALTY INSURANCE COMPANY
2 North Second Street, Harrisburg, PA 17101

CONTRACTOR QUESTIONNAIRE

1. Name of Firm: _____

2. Address: _____ 3. Fiscal Yr. End _____

_____ (city) _____ (state) _____ (zip)

4. Phone: _____ 5. Contracting Specialty _____

6. Contract Person: _____ 7. Title: _____

8. Year Business Started: _____ 9. Type of Business: Corp. Part. Prop. Sub. S. Corp.

10. State of Incorporation _____ 11. Area of Operation _____

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.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

13. Will the above individuals 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? _____ 19. How many work crews? _____

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: _____

21. Is your firm or any of its owners or 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 subs? Yes No

25. What trades do you normally subcontract? _____

26. What is largest amount of uncompleted work on hand at one time in the past?
Amount: \$ _____ Year: _____

27. What is the largest job you expect to do 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. SIC CODE _____

32. Do you lease equipment? Yes No 33. Type of lease? _____

34. What are the terms of the lease? _____

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? _____ 44. How often updated? _____

45. Do they show job detail? _____ 46. Frequency? _____

47. Name of your Bank: _____

Address: _____

Phone: _____ Contact Person: _____

48. Amount of line of credit: \$ _____ 49. Expiration date: _____

50. What is interest rate? _____ % 51. UCC Filing? Yes No

52. How is credit secured? _____

53. If your firm union? Yes No 54. What is firm's Dun & Bradstreet No. _____

55. D & B Rating _____ 56. Pay Record: _____ 57. Date of Rating: _____

Remarks: _____

58. Previous Bonding Companies:

	<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.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____	Design Professional: _____			
B.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____	Design Professional: _____			
C.	_____	\$ _____	\$ _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Owner: _____	Design Professional: _____			

D. _____ \$ _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____

E. _____ \$ _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____

60. List five of your major suppliers:

	<u>Name</u>	<u>Address</u>	<u>Phone</u>	<u>Contact</u>
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

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

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

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

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

D. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

E. Name: _____
 Address: _____ Phone: _____
 Contact: _____ Job: _____

62. List three Architects you have done business with:

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

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

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

63. List key personnel, foremen or supervisors:

	<u>Name</u>	<u>Position</u>	<u>Yr. Of Birth</u>	<u>Yrs. Exper.</u>	<u>Previous Employer</u>
A.	_____	_____	_____	_____	_____
B.	_____	_____	_____	_____	_____
C.	_____	_____	_____	_____	_____
D.	_____	_____	_____	_____	_____
E.	_____	_____	_____	_____	_____

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

	<u>Name</u>	<u>Beneficiary</u>	<u>Amount</u>	<u>Cash Value</u>
A.	_____	_____	_____	_____
	Insurance Company: _____			
B.	_____	_____	_____	_____
	Insurance Company: _____			

C. _____
 Insurance Company: _____

65. List other insurance coverage currently in effect:

		Limits in '000's			
		<u>BI</u>	<u>PD</u>	Carrier	<u>Exp. Date</u>
A.	General Liability:	\$ _____	\$ _____	_____	_____
B.	Auto Liability:	\$ _____	\$ _____	_____	_____
C.	Umbrella:	\$ _____	\$ _____	_____	_____
D.	Owner's Protection:	\$ _____	\$ _____	_____	_____

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

	<u>Firm Name</u>	<u>Ownership</u>	<u>Type Business</u>	NANDA Code
A.	_____	_____	_____	_____
B.	_____	_____	_____	_____
C.	_____	_____	_____	_____
D.	_____	_____	_____	_____
E.	_____	_____	_____	_____

REMARKS: _____

Completed by: _____
Title: _____
Date: _____