

# Contractor's Submission Guide



## PLEASE COMPLETE THE ENCLOSED FORMS:

1. **CONTRACTOR'S QUESTIONNAIRE:**  
Complete in detail including signature and date.
2. **CONTRACT BID AND FINAL BOND REQUEST:**  
Complete Bid Bond/Final Bond Request Form and attach copy of any special bond form required by owner.  
Use the Bid Bond/Final Bond Request Form to provide bid results after your bid is submitted.
3. **WORK ON HAND SCHEDULE:**  
Complete within 30 days.
4. **PERSONAL FINANCIAL STATEMENT:**  
Complete form and sign.

## TO EXPEDITE THE PROCESSING OF YOUR APPLICATION, SUBMIT THE FOLLOWING:

### FINANCIAL INFORMATION:

- Last three year-end company financial statements. (Percentage of completion method of accounting preferred).
- Company financial statement within 90 days current.
- Personal financial statement on each owner/stockholder prepared as of the latest fiscal year end.
- Most current year-end financial statement on all affiliates (if any).
- Corporate tax returns.

## PRIOR TO THE ISSUANCE OF ANY BOND, THE FOLLOWING WILL BE REQUIRED:

1. **CERTIFICATE OF INSURANCE:** Show company's current coverage's.
2. **BANK LETTER:** Current letter written on bank letterhead. (We will send request for letter to the bank contact that you provide.)
3. **INDEMNITY AGREEMENT:** We will need corporate indemnity, including the indemnity of all affiliates, and individual indemnity of all stockholders and their spouses.
4. A set-up fee may be charged.
5. A copy of the contract.
6. A copy of the required bond forms.

**If you have any questions, please contact our office.  
We are glad to help agents and/or contractors work through the process.  
You do not have to be a bond expert!**

# Contractor's Questionnaire



Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Website: \_\_\_\_\_

Date: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

## GENERAL INFORMATION

Form of Business (check one)  Proprietorship  Partnership  Corporation  Sub-Chapter S  LLC

Type of construction performed: \_\_\_\_\_

Fiscal Year End Date: \_\_\_\_\_  Union  Non-Union

Geographic Territory: \_\_\_\_\_

States in which licensed to do business: \_\_\_\_\_  
(Please attach copies of licenses)

Do you ever engage in Joint Ventures?  Yes (If yes, give details on a separate sheet)  No

## HISTORY

Date business established: \_\_\_\_\_ Date business incorporated: \_\_\_\_\_ Federal Tax ID # \_\_\_\_\_

Name of Predecessor Company: \_\_\_\_\_

When did current management assume control? \_\_\_\_\_

## ORGANIZATION, OWNERS AND KEY EMPLOYEES

1) Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %  
Soc. Sec. No.: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %  
Home Phone: \_\_\_\_\_

2) Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %  
Soc. Sec. No.: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %  
Home Phone: \_\_\_\_\_

# Contractor's Questionnaire



3) Full Name: \_\_\_\_\_  
Title: \_\_\_\_\_  
Spouse: \_\_\_\_\_  
Title: \_\_\_\_\_  
Home Address: \_\_\_\_\_

Soc. Sec. No.: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %  
Soc. Sec. No.: \_\_\_\_\_  
Percentage of Ownership: \_\_\_\_\_ %  
Home Phone: \_\_\_\_\_

Are the owners personally active in the business?  Yes  No (If no, give details on a separate sheet)

Have any of the principals ever declared bankruptcy?  Yes  No (If yes, give details on a separate sheet)

## PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

<u>Name</u>	<u>Location</u>	<u>Owned By</u>	<u>Scope of Operations</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any entity in which the contractor, stockholders or related companies had financial interests engaged in any form of real estate investment, development or building or any other related activities?  Yes  No

If yes, describe: \_\_\_\_\_

In addition to contracting, what other business activities are you engaged in or do you engage in? \_\_\_\_\_

## CONTINUITY-JOB COMPLETION

Is there a formal Buy-Sell Agreement in effect?  Yes  No (If yes, attach a copy)

How is the Buy-Sell Agreement funded? \_\_\_\_\_

Who are the parties to the Buy-Sell Agreement? \_\_\_\_\_

## AMOUNT OF LIFE INSURANCE PAYABLE TO THE CORPORATION

<u>Insured</u>	<u>Insurance Company</u>	<u>Amount</u>	<u>Amount Borrowed</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What arrangements have been made to assure contracts are completed in the event key personnel are not available?  
\_\_\_\_\_

What incentives are given to the key employees to follow through (bonuses, profit sharing, etc.)? \_\_\_\_\_

# Contractor's Questionnaire



## BANK REFERENCES

Name of Bank: \_\_\_\_\_ Date Account Established: \_\_\_\_\_  
Address: \_\_\_\_\_ Email: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name of Loan Officer: \_\_\_\_\_ Fax: \_\_\_\_\_  
Amount of Bank Line \$ \_\_\_\_\_ Unsecured \$ \_\_\_\_\_ Secured \$ \_\_\_\_\_  
Description of Security:  Accounts Receivable  Contract Rights  Personal Endorsement  Inventory  
 Equipment/Real Estate  Other: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Amount of Bank Line Currently in Use \$ \_\_\_\_\_

*Please notify your bank that Allstar Financial Group will be in touch.*

## ACCOUNTING AND FINANCIAL REPORTING

Name/Address of Accounting Firm: \_\_\_\_\_  
 CPA  Public Accountant  Other \_\_\_\_\_ Fiscal Year End Date: \_\_\_\_\_  
Is your accountant an officer, partner or a relative of an officer or partner of the construction company?  Yes  No  
How many years has this firm prepared your financial statements? \_\_\_\_\_ yrs. Tax Returns? \_\_\_\_\_ yrs.  
Fiscal year end statement is prepared:  Audited  Review  Other: \_\_\_\_\_  
Method of Accounting (check one for each line):  

	% of Completion	Completed Contract	Accrual	Cash
For financial reporting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For tax purposes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  
Have your operations been profitable since the last year end statement?  Yes  No  
Are taxes (including Payroll, FIT and SIT) current?  Yes  No Any tax liens?  Yes  No Date of Last Tax Audit? \_\_\_\_\_  
Have there been any major changes in the last 12 months with respect to:  
 Ownership  Loans or Refinancing  Equipment  Other If so, please describe below:  
\_\_\_\_\_  
Do you have a system for providing periodic internal cost accounting reports showing job status?  
 Daily  Weekly  Monthly  Quarterly  Other (please describe) \_\_\_\_\_

# Contractor's Questionnaire



## REFERENCES

List 5 owners/architects/engineers with whom you have worked in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 subcontractors/general contractors with whom you have worked in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 suppliers with whom you buy most of your material.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

# Contractor's Questionnaire



## CURRENT WORK ON HAND

Attach a "Work on Hand Schedule" form concurrent with the fiscal year end statement furnished and a current report if the latest financial statement is more than three months old. The following questions pertain to the latest "Work on Hand Schedule" form.

Please explain on a separate sheet of paper any "Yes" answers.

- Was your bid on any project more than 10% below that of the second bidder?  Yes  No
- Any projects behind schedule to complete?  Yes  No
- Any delays or disputes on any projects?  Yes  No
- Any penalty for late completion?  Yes  No

## INSURANCE CURRENTLY IN FORCE

Certificate of insurance:  Attached  Forthcoming

## SUITS, JUDGMENTS, DEFAULTS AND CONTINGENT LIABILITIES

- Has your company or any officer or any partner ever failed in business or compromised with creditors?  Yes  No
- Has your company ever failed to complete a contract?  Yes  No
- Have you ever failed to qualify for a bond after an award?  Yes  No
- Are you acting as a surety or bondsman for others?  Yes  No
- Are you acting as an endorser for others on their notes or accounts?  Yes  No
- Does your company or any officer or partner owe money to a bonding company?  Yes  No
- Has your company or any officer or partner ever required financial assistance or borrowed from a bonding company?  Yes  No
- Do you have the necessary equipment to perform the anticipated job/program?  Yes  No

Name/Phone Number of Attorney: \_\_\_\_\_

# Contractor's Questionnaire



## JOB EXPERIENCE

Largest Single Job Completed: \$ \_\_\_\_\_ Year: \_\_\_\_\_

Average Single Job: \$ \_\_\_\_\_ Average Program: \$ \_\_\_\_\_

Please list the 3 largest contracts completed in the last 3 years:

1. Job Description: \_\_\_\_\_

Your Contract With: (Owner/General Contractor) \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Amount of Profit or Loss \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

2. Job Description: \_\_\_\_\_

Your Contract With: (Owner/General Contractor) \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Amount of Profit or Loss \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

3. Job Description: \_\_\_\_\_

Your Contract With: (Owner/General Contractor) \_\_\_\_\_

Name of Person to Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contract Price: \$ \_\_\_\_\_ Amount of Profit or Loss \$ \_\_\_\_\_ Date Completed: \_\_\_\_\_

## PRIOR SURETIES

Name/Address of Your Present Surety: \_\_\_\_\_

How long have you been with your present surety? \_\_\_\_\_ yrs. Reason for changing: \_\_\_\_\_

As an inducement for bonding, are you currently providing:

Personal Indemnities       Collateral       Additional Corporate Indemnities

Have you been refused by your present or prior surety?       Yes       No      If yes, please explain: \_\_\_\_\_

The Undersigned hereby authorizes the Surety to make such pertinent inquiry as may be necessary from financial institutions, credit reporting companies or agencies and all other persons, firms and corporations in order to confirm or verify information referred to or listed herein.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



**A L L S T A R**™

Discover the Difference.

# Bid Bond/Final Bond Request Form

Agent: \_\_\_\_\_

Contractor (Principal): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Owner/Obligee's Name & Address: \_\_\_\_\_  
\_\_\_\_\_

Contact Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Project Description: \_\_\_\_\_

**BID BOND INFO:** Bid Date: \_\_\_\_\_ Estimate: \_\_\_\_\_ Bid Percentage: \_\_\_\_\_

**FINAL BOND INFO:** Contract Date: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Did you attach a copy of the contract or invitation to bid?  Yes  No

*(NOTE: A copy of the contract is required for Final Bond Requests. A copy of the invitation to bid is required for bid bond requests.)*

Time to Complete: \_\_\_\_\_ Penalty: \_\_\_\_\_ Retainage: \_\_\_\_\_

Term of Warranty: One Year:  Two Year:  Other: \_\_\_\_\_

Special Bond Form Required by the Owner? *(If yes, please attach form.)*  Yes  No HOW MANY ORIGINALS? \_\_\_\_\_

Mailing Instructions:  FedEx to Agent  FedEx to Principal Please provide FedEx Account #: \_\_\_\_\_

UPS to Agent  UPS to Principal Please provide UPS Account #: \_\_\_\_\_

PICK-UP  OTHER: \_\_\_\_\_

Work on Hand: \_\_\_\_\_ *Total cost to complete all jobs in progress plus new jobs with contracts signed.*

## JOB COST BREAKDOWN

Sub Specialty Breakdown of Subcontracts by Trade			
	Trade	Name of Sub if known	Amount
Labor: _____	_____	_____	_____
Materials: _____	_____	_____	_____
Sub Cost: _____	_____	_____	_____
Profit: _____	_____	_____	_____
Total: _____	_____	_____	_____

-----**PLEASE FAX BID RESULTS TO YOUR ALLSTAR FINANCIAL GROUP UNDERWRITER**-----

1st \_\_\_\_\_ Bid Amount: \_\_\_\_\_

2nd \_\_\_\_\_ Bid Amount: \_\_\_\_\_

3rd \_\_\_\_\_ Bid Amount: \_\_\_\_\_

Your bid amount if not listed above: \_\_\_\_\_

# Work on Hand Schedule

(Completed and Uncompleted Work)



Contractor: \_\_\_\_\_

Date of Report: \_\_\_\_\_

Description of Contract	Name of Owner or General Contractor	Contract Price Plus Change Orders	Total Billed to Date (Include Retainage)	Total Costs to Date	Estimated Costs to Complete Now	Estimated Date of Completion
<b>TOTALS</b>						

**CONTRACTS COMPLETED SINCE LAST FISCAL YEAR END CLOSING:**

Description and Location	Final Price	Total Cost	Gross Profit/Loss
<b>TOTALS</b>			

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

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

# Financial Statement



Name \_\_\_\_\_  
 SSN \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Spouse's Name \_\_\_\_\_  
 Spouse's SSN \_\_\_\_\_  
 (Provide Spouse's Address if different)  
 \_\_\_\_\_  
 \_\_\_\_\_

Statement Date as of (mm/dd/yy) \_\_\_\_\_

*The undersigned submits the following as being a true and accurate statement of his or her financial condition on the date shown above and acknowledges that Surety will be relying on the representations made herein.*

ASSETS	Amount	LIABILITIES – CURRENT	Amount
Cash on Hand and in Banks		Notes Payable to Banks-Secured	
U.S. Gov't Securities - see schedule		Notes Payable to Banks	
Listed Securities - see schedule		Unsecured Notes Payable to Relatives	
Unlisted Securities - see schedule		Notes Payable to Others	
Accounts Receivable-Relatives - see schedule		Accounts Payable	
Notes Receivable-Relatives - see schedule		Unpaid Income Tax	
Real Estate Owned-Residence		Other Unpaid Taxes	
Real Estate Owned-Other		Real Estate Mortgages Payable - Residence	
Real Estate Mortgages Receivable		Real Estate Mortgages Payable-Other	
Automobiles and Other Personal Property		Other Debts-List	
Cash Value Life Insurance			
Other Assets - List			
		<b>LIABILITIES – LONG TERM</b>	
		Real Estate Mortgages Payable - Residence	
		Real Estate Mortgages Payable - Other	
		Other Long Term Debt – List	
		<b>TOTAL LIABILITIES</b>	
		(Total Assets — Total Liabilities = NET WORTH)	
<b>TOTAL ASSETS</b>		<b>TOTAL LIABILITIES + NET WORTH</b>	

SOURCES OF INCOME		PERSONAL INFORMATION	
Salary		Business Occupation	
Bonuses and Commissions			
Dividends			
Real Estate Income		Spouse Occupation	
Other Income - List		Dependents	
		Partner or Officer in any Other Business – List	
<b>INCOME TOTAL</b>		Do you have a will?	

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As Endorser Co-Maker, or Guarantor		Are any assets pledged?	
On Leases or Contracts		Are you a defendant in any suits or legal actions?	
Legal Claims		Have you ever declared bankruptcy?	
Provisions for Federal Income Taxes		If so, when?	

# Financial Statement



## SCHEDULE OF U.S. GOVERNMENT SECURITIES, STOCKS AND BONDS OWNED

Description	Number of Shares	In Name Of	Value: Cost	Value: Market

## SCHEDULE OF REAL ESTATE

Description of Property Covered	Location of Property (Street Address, City, State)	Date Acquired	Cost	Market

Title in Name	Mortgage Remaining	Monthly Payment	Monthly Income

## SCHEDULE OF LIFE INSURANCE CARRIED

Name of Insured	Beneficiary	Name of Insurance Company	Face Value	Amount Borrowed

## SCHEDULE OF ACCOUNTS RECEIVABLE

From Whom Due (Name)	Amount	When Due	Secured?	Description of Security

## SCHEDULE OF NOTES RECEIVABLE

From Whom Due (Name)	Amount	Date of Maturity	Secured?	Description of Security

## SCHEDULE OF NOTES PAYABLE

From Whom Due (Name)	Amount	Date of Maturity	Secured?	Description of Security

Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Name (Printed) \_\_\_\_\_ Date \_\_\_\_\_