

# Contractor Questionnaire



## Contractor/Builder Questionnaire

BUSINESS NAME		BUSINESS TYPE: <input type="checkbox"/> CORPORATION <input type="checkbox"/> LLC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE PROPRIETOR <input type="checkbox"/> OTHER:	
STREET ADDRESS		BUSINESS ID #	CONTRACTOR'S LICENSE #
CITY/STATE/ZIP		EXPIRATION DATE	LICENSED STATES
PHONE	EMAIL	YRS IN BUSINESS UNDER NAME	

### OWNERS

NAME	TITLE	OWNERSHIP %
NAME	TITLE	OWNERSHIP %
NAME	TITLE	OWNERSHIP %
NAME	TITLE	OWNERSHIP %

### BUSINESS HISTORY

YEARS IN BUSINESS	TYPES OF VENTURES		
SPEC <input type="checkbox"/> CUSTOM <input type="checkbox"/> PUD <input type="checkbox"/>	DEVELOPMENT <input type="checkbox"/>	REMODELS <input type="checkbox"/>	OTHER: <input type="checkbox"/> <input type="checkbox"/>
DESCRIBE OVERALL OPERATIONS			
LIST EDUCATION / EXPERIENCE			
OTHER BUSINESS NAMES & LICENSES USED IN THE LAST 10 YEARS (DESCRIBE OPERATIONS)			

### GENERAL INFORMATION

NAME OF CURRENT INSURANCE CARRIER FOR: GENERAL LIABILITY _____		
WORKER'S COMP _____	VEHICLES _____	PROPERTY/UMBRELLA _____
PERCENTAGE OF CURRENT OPERATIONS:		
GENERAL CONTRACTOR _____ %	SUBCONTRACTOR _____ %	CONSTRUCTION MANAGER _____ %
DO YOU USE SUBCONTRACTORS? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, complete the following:		
PERCENTAGE OF SUBCONTRACTED WORK: _____ % ANNUAL SUBCONTRACTING COST (Labor & Materials) \$ _____		

INDICATE THE % OF CONSTRUCTION WORK PERFORMED BY YOU: **(MUST TOTAL 100%)**

**RESIDENTIAL** \_\_\_\_\_% **COMMERCIAL** \_\_\_\_\_%

BREAK DOWN EACH OF THE ABOVE PERCENTAGES BY: **(THE SUM OF THE 3 PERCENTAGES IN EACH SHOULD EQUAL THE AMOUNT ABOVE.)**

New Construction	_____%	New Construction	_____%
Remodeling/Repair	_____%	Remodeling/Repair	_____%
Other	_____%	Other	_____%

### # OF PROJECTS COMPLETED

PREVIOUS YEAR      2-5 YEARS AGO

\$50,000-\$74,000	\$50,000-\$74,000
\$75,000-\$99,000	\$75,000-\$99,000
\$100,000-\$124,000	\$100,000-\$124,000
\$125,000-\$174,000	\$125,000-\$174,000
\$175,000-\$249,000	\$175,000-\$249,000
\$250,000 AND OVER	\$250,000 AND OVER

**TOTAL**  
FROM ABOVE

**TOTAL**  
FROM ABOVE

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### SALES OR PROJECTS COMPLETED

WITHIN PAST 24 MONTHS

DATE SOLD/ DATE COMPLETED	SALES PRICE/ CONTRACT PRICE	TYPE <input type="checkbox"/> CUSTOM <input type="checkbox"/> SPEC <input type="checkbox"/> REMODEL <input type="checkbox"/> OTHER
ADDRESS		
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ADDRESS		

### CUSTOMER REFERENCES (LIST INDIVIDUALS MAY BE CONTACTED - CUSTOM/REMODEL JOBS COMPLETED)

NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE
NAME	ADDRESS	PHONE

### CURRENT PROJECTS

LIST CURRENT PROJECTS CURRENTLY UNDERWAY THAT ARE SIMILAR IN SCOPE, INCLUDING VALUES & REFERENCES:


**CREDIT REFERENCES**

**MAJOR SUBCONTRACTORS**

EXCAVATING	PHONE	FAX
FOUNDATION	PHONE	FAX
FRAMING	PHONE	FAX
ELECTRICAL	PHONE	FAX
PLUMBING	PHONE	FAX
HEATING	PHONE	FAX
DRYWALL	PHONE	FAX
OTHER	PHONE	FAX

**MAJOR SUPPLIERS**

CONCRETE	DATE OPENED	HIGHEST BALANCE \$	PHONE
LUMBER/TRUSSES	DATE OPENED	HIGHEST BALANCE \$	PHONE
PLUMBING	DATE OPENED	HIGHEST BALANCE \$	PHONE
WINDOWS	DATE OPENED	HIGHEST BALANCE \$	PHONE
SIDING	DATE OPENED	HIGHEST BALANCE \$	PHONE
CABINETS	DATE OPENED	HIGHEST BALANCE \$	PHONE
FLOORING	DATE OPENED	HIGHEST BALANCE \$	PHONE
OTHER	DATE OPENED	HIGHEST BALANCE \$	PHONE

**INSTITUTIONAL LENDERS/NON-CUSTOM LOANS**

LENDER	CONTACT PERSON
LOAN NUMBER	PHONE
LENDER	CONTACT PERSON
LOAN NUMBER	PHONE

**OTHER BUSINESSES OWNED/OPERATIONS OF ALL OWNERS**

BUSINESS NAME	% OF OWNERSHIP	CONTACT PERSON	PHONE
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**DECLARATIONS**

A. Have there been any loses, claims or suits against you in the past five years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Are there any claims or legal actions pending against any of the entities?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Do any of the entities named in the application have knowledge of any pre-existing act, omission, event, condition or damages to any person or property that may potentially give rise to any future claim or legal action against them?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Have you been accused of faulty construction in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
E. Have you been accused of breaching a contract in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
F. Have you ever filed any Mechanic Liens in the past 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
G. Have any of your projects in the past five years been liened?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Please provide a resume of principal or firm owner.

Please provide a copy of a recent project schedule that you developed for a project.

**WARRANTY: The purpose of the Contractor’s Questionnaire is to assist in the vetting process. Information contained herein is specifically relied upon in determination of the preferred general contractor. The undersigned, therefore warrants that the information contained herein (consisting of four pages) is true and accurate to the best of his knowledge, information and belief.**

**CONTRACTOR**

SIGNATURE OF APPLICANT: *	DATE
Name & Title:	

\*Must be owner, executive officer or partner of the company.

**LISTING OF SUBCONTRACTOR INSURANCE COVERAGE**

<b>Subcontractor</b>		<b>General Liability</b>	<b>Workman's Compensation</b>
Subcontractor Company	Company	Company	Company
	Dates	Dates	Dates
	Contact	Coverage	Coverage
	Tax ID Number		
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	Dates	Dates	Dates
	Contact	Coverage	Coverage
	Tax ID Number		
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