



CONTRACTOR QUESTIONNAIRE

Corporate Name:		Date of Incorporation:
Business Address:		
		Postal Code:
Phone:	Fax:	Website:

Management Personnel (List all corporate officers/partners/proprietors/shareholders/directors as applicable) Use Separate Sheet if Necessary

Name	Residence Address	Date of Birth	% Owned	Name of Spouse	

Key Personnel (Give the names of other key personnel such as Engineers, Estimators, Project Managers etc.) Use Separate Sheet if Necessary

Name	Age	Position	Since	Previous Employer	Position	Since

Attach Resume for all Management and Key Personnel

Related Companies (List all Subsidiary/Affiliated Companies) Use Separate Sheet if Necessary

Name of Company	Business Address	Type of Business	Details of Ownership

Has the company or any of its principals and/or their spouses and/or a company of any of them ever failed in business, petitioned for bankruptcy, compromised with creditors or caused a loss to a Surety? (If yes, provide details)

☐ Yes ☐ No

Is the Company or any of its principals and/or their spouses and/or a company of any of them presently involved in litigation matters of any kind? (If yes, provide details)

☐ Yes ☐ No

Has the Company or any of its principals and/or their spouses and/or a company of any of them previously received bonding facilities? (If yes, provide name of Surety, bonding limits provided (single job/work program), length of time with Surety and reason for change)

☐ Yes ☐ No

Has there been any change in the control and/or management of the Company in the past 3 years? (If yes, provide details)

☐ Yes ☐ No

Is the Company or any of its principals and/or their spouses or a Company of any of them engaged in any of the following types of projects?

	Yes	No		Yes	No		Yes	No
Joint Ventures	<input type="checkbox"/>	<input type="checkbox"/>	Contracts more than 2 years	<input type="checkbox"/>	<input type="checkbox"/>	Foreign Ventures	<input type="checkbox"/>	<input type="checkbox"/>
Wharf/pier/dams	<input type="checkbox"/>	<input type="checkbox"/>	Hazardous Materials	<input type="checkbox"/>	<input type="checkbox"/>	Bridge Construction	<input type="checkbox"/>	<input type="checkbox"/>
Turnkey Propositions	<input type="checkbox"/>	<input type="checkbox"/>	Asbestos Removal	<input type="checkbox"/>	<input type="checkbox"/>	Private/Public Partnering	<input type="checkbox"/>	<input type="checkbox"/>
Tunnelling Projects	<input type="checkbox"/>	<input type="checkbox"/>	Real Estate Speculation	<input type="checkbox"/>	<input type="checkbox"/>	Efficiency/Performance Guarantees	<input type="checkbox"/>	<input type="checkbox"/>
Design/Build Projects	<input type="checkbox"/>	<input type="checkbox"/>	Land Development	<input type="checkbox"/>	<input type="checkbox"/>	Other (Specify)		

Class of Construction Contracts normally performed:

General Contractor ☐ Subcontractor ☐ Mechanical ☐ Electrical ☐
 Road Builder ☐ Specialty Builder ☐ (identify) _____ Other ☐ (identify) _____

Federal _____%	Provincial _____%	Other Public _____%	Private _____%
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In what geographic area is the Company's work normally undertaken? City _____ Province _____

Radius from City in which work performed _____ km. Occasionally expands into what other geographic area _____

Is the standard CCDC form of contract used? (If no, explain)

☐ Yes ☐ No

Is the work undertaken subject to environmental exposures? (If yes, detail insurance coverages)

☐ Yes ☐ No

On average, what portion of the Company's work is subcontracted? _____% What type of work? _____

Are Bonds normally required from the major subtrades? Always ☐ Sometimes ☐ Never ☐

If **Never**, please explain why not: _____

If **Sometimes**, please indicate under what circumstances you waive bonds: _____

What is the largest amount of work on hand your Company has had at any one time in the past 4 years:

\$ _____ Year _____ It consisted of _____ (state number) of contracts

What size contracts do you feel the Company and its owners are qualified to undertake?: \$ _____ to \$ _____

How many at once? _____ What type of work? _____

List the 4 Largest Fixed or Negotiated contracts completed by the Company in the past 4 years:

	1	2	3	4
Type of Work				
Original Contract Price				
Final Contract Price				
Location				
When Started				
When Completed				
Gross Profit				
Owner or General				
Architect/Engineer				
Surety				

List 5 current major suppliers:

Supplier	Business Address	Contact	Telephone# / E-mail

List 5 subcontractors with whom the Company has worked in the last 2 years:

Company Name	Business Address	Contact	Telephone# / E-Mail

Accounting Details:

When is the fiscal year-end of the Company?

On what basis is the year-end statement prepared? Accrual Completed Contract % of Completion

How often are interim statements prepared? Monthly Quarterly Semi-annually

Who prepares the outside statement? C.A. Other (Identify) .

If C.A. prepared, are the statements fully audited? Yes ☐ No ☐ If no, explain

Name of Accounting Firm and individual to contact:

Firm: Contact: Phone:

Does your staff include a full-time accountant? Yes No (if yes, provide details in space provided below)

Name: Background: Years with Company:

Banking Details: (Attach a copy of current Banking Agreement)

Bank: Address:

Account Manager: Phone: Fax:

Amount of available credit: \$ Amount currently in use: \$

Life Insurance Details: (Provide details of "Key Man" Insurance and/or attach a copy of Buy-Sell Agreement(s) which are currently in place.)

Carrier: Issued on behalf of:

Amount: \$ Cash Surrender Value: Beneficiary:

Policy No.: Policy Term: From : To:

Restricting Endorsements Attached? Yes No If yes, please explain:

Has the Policy been assigned to anyone or a financial institution? Yes No If yes, please identify:

Other Insurance Carried

Type	Policy Number	Amount/Limits	Issuing Company
Liability			
Environmental			
Errors & Omissions			
Equipment			
Other			

Other Information:

Is the Company or any of its principals and/or their spouses or a Company of any of them, acting as guarantor, indemnitor, or Surety for others, or as endorser (co-signor) on notes and/or accounts? (if yes, provide details)

☐ Yes ☐ No

Does the Company or any related, affiliated or subsidiary company anticipate purchasing in the next 12 months any equipment or other form of fixed asset or extending any portion of existing fixed assets presently owned? (If yes, provide details)

☐ Yes ☐ No

Does the Company or any related, affiliated or subsidiary company have any accounts receivable and/or holdbacks receivable which are overdue? (If yes, provide details)

☐ Yes ☐ No

Please attach the following information prior to submitting

	Last 3 fiscal year-end statements and any recent available interim statements of the company and any related, affiliated and/or subsidiary companies.
	Current personal financial statements of all individuals having a financial interest in the company and/or any related, affiliated and/or subsidiary companies
	1 Work on Hand Schedule as at the most recent year end 1 Work on Hand Schedule as at the interim inhouse statement mentioned above
	All separate sheets on which explanations are being provided in respect to answers given to questions previously asked in this questionnaire.
	Copy of the current Banking Agreement in respect to the Company's Line of Credit Facility.

Dated this day of , 20 .

Signature of authorized individual