



# Gusso Surety Bonds

Construction Bond Professionals

2307 W 57<sup>th</sup> St, Suite 100, Sioux Falls, SD 57108

Phone: (605) 339-7280 Fax: (605) 332-0632

## CONTRACTOR QUESTIONNAIRE

1. Name of Firm: \_\_\_\_\_ Contact Name: \_\_\_\_\_

2. Address: \_\_\_\_\_  
(List your mailing address also, if it is different from your street address.)

Email: \_\_\_\_\_ Website : \_\_\_\_\_

3. Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax: ( \_\_\_\_\_ ) \_\_\_\_\_

Cellular: ( \_\_\_\_\_ ) \_\_\_\_\_ Home/Other ( \_\_\_\_\_ ) \_\_\_\_\_

4. Corp  (C  or S  ) LLC  Part  Prop  Fed. ID# \_\_\_\_\_

5. Date Formed: \_\_\_\_\_ 6. Date of Inc. \_\_\_\_\_ 7. State of Inc. \_\_\_\_\_ 8. Fiscal Year End: \_\_\_\_\_

9. Type of Construction: \_\_\_\_\_

10. Certifications: 8a  HubZone  SDVOSB  Other: \_\_\_\_\_

11. Territory of Operations: \_\_\_\_\_

12. LIST ALL OWNERS, PROPRIETORS, PARTNERS, OFFICERS OF THE FIRM:

	FULL LEGAL NAME	SS#	POSITION	% OWNED	DOB	YEARS EXPERIENCE
a.)	_____	_____	_____	_____	_____	_____
	Spouse's Name: _____	SS# _____	DOB: _____			
	Home Address: _____					
b.)	_____	_____	_____	_____	_____	_____
	Spouse's Name: _____	SS# _____	DOB: _____			
	Home Address: _____					
c.)	_____	_____	_____	_____	_____	_____
	Spouse's Name: _____	SS# _____	DOB: _____			
	Home Address: _____					
d.)	_____	_____	_____	_____	_____	_____
	Spouse's Name: _____	SS# _____	DOB: _____			
	Home Address: _____					

WILL ABOVE INDIVIDUALS & SPOUSES PERSONALLY INDEMNIFY SURETY?  YES  NO

13. LIST ANY KEY PERSONNEL:

Name: _____	Position: _____	Years Experience: _____
Name: _____	Position: _____	Years Experience: _____
Name: _____	Position: _____	Years Experience: _____
Name: _____	Position: _____	Years Experience: _____

14. Subsidiary or related companies: \_\_\_\_\_
15. Cross Corporate Indemnity Available:  Yes  No  N/A
16. Surety Company and Agent Presently Providing Contract Bonds: \_\_\_\_\_

17. Surety Prior to Present One: \_\_\_\_\_
18. Reason for Leaving: \_\_\_\_\_
19. Percentage of Work Prime: \_\_\_\_\_ Sub: \_\_\_\_\_
20. How Much of an Average job: 1) Subbed: \_\_\_\_\_  
2) Made Up of Materials \_\_\_\_\_
21. What Work is Self-Performed: \_\_\_\_\_
22. What Trades Normally Subbed to Others: \_\_\_\_\_
23. Are Bonds Required from Sub-Contractors?  Yes  No  
If Yes, When? \_\_\_\_\_
24. What was the Largest Amount of Uncompleted Work on Hand at One Time in the Past?  
Amount: \_\_\_\_\_ Year: \_\_\_\_\_
25. Largest Job Expected This Year? \_\_\_\_\_
26. Maximum Uncompleted Work-On-Hand Expected? \_\_\_\_\_
27. Approximately What Percent of Work Requires Contract Bonds? \_\_\_\_\_
28. Equipment: Is Equipment Adequate for Work Program? \_\_\_\_\_  
If Not, what Expenditures Are Anticipated?  
Is Equipment Owned?  Leased?
29. Is This a Union or Non-Union Contractor? \_\_\_\_\_
30. 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 Is There Any Litigation On-Going?  Yes  No

31. **BUSINESS INSURANCE INFORMATION:**  
Name of Insurance Broker/Agency: \_\_\_\_\_  
Agent's name: \_\_\_\_\_  
Telephone: \_\_\_\_\_ Key expiration dates: \_\_\_\_\_

32. **LIST FIVE LARGEST JOBS COMPLETED**

<u>CONTRACT PRICE:</u>	<u>JOB NAME:</u>	<u>COMPLETION DATE:</u>	<u>BONDED?</u>
1) _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Contact Name: _____		
Architect/Engineer: _____	Telephone: _____		
2) _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Contact Name: _____		
Architect/Engineer: _____	Telephone: _____		
3) _____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Owner: _____	Contact Name: _____		

Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

LIST FIVE LARGEST JOBS COMPLETED CONTINUED...

CONTRACT PRICE: \_\_\_\_\_ JOB NAME: \_\_\_\_\_ COMPLETION DATE: \_\_\_\_\_ BONDED?  
 Yes  No

4) \_\_\_\_\_  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

5) \_\_\_\_\_  Yes  No  
 Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 Architect/Engineer: \_\_\_\_\_ Telephone: \_\_\_\_\_

33. **LIST MAJOR SUPPLIERS:**

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

34. **LIST MAJOR TRADE SUBCONTRACTORS: (or General Contractors worked for if you are a Sub Contractor)**

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

Name: \_\_\_\_\_ Street: \_\_\_\_\_ City: \_\_\_\_\_  
 Contact: \_\_\_\_\_ State: \_\_\_\_\_ Telephone : ( \_\_\_\_\_ ) \_\_\_\_\_

35. **BANKING INFORMATION:**

Name of Bank & Address: \_\_\_\_\_

Phone Number ( \_\_\_\_\_ ) \_\_\_\_\_ Contact Person \_\_\_\_\_

Line of Credit: \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_

How Secured: \_\_\_\_\_

**FINANCIAL INFORMATION:**

36. Name of CPA & Address: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
 \_\_\_\_\_ Phone Number: \_\_\_\_\_
37. Level of Statement Preparation?  CPA Audit  Review  Comp
38. If Statements Are Not Reviews, Will One Be Considered?  Yes  No  N/A
39. What Accounting Software Do You Use? \_\_\_\_\_
40. What Method Of Accounting is Used In Preparing Statement?  
 % of Completion  Completed Contract  Simple Accrual  Cash
41. On What Basis Of Accounting Are Taxes Paid?  
 % of Completion  Completed Contract  Simple Accrual  Cash
42. How Often Are Financial Statements Prepared?  
 Annually  Semi-Annually  Quarterly  Monthly
43. How Often Is Work-On-Hand Status Prepared?  
 Annually  Semi-Annually  Quarterly  Monthly
44. Are Job Cost Records Kept?  Yes  No
45. Have Operations Been Profitable Since Statement Date?  Yes  No
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46. Is a Buy/Sell Agreement in Effect?  Yes  No  
 Is This Funded By Life Insurance?  Yes  No
47. Any New Ventures Contemplated? \_\_\_\_\_

**LIFE INSURANCE:**

<u>AMOUNT</u>	<u>INSURED</u>	<u>BENEFICIARY</u>	<u>INSUROR</u>	<u>CASH VALUE</u>
\$ _____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	\$ _____
\$ _____	_____	_____	_____	\$ _____

**IN ADDITION, PLEASE PROVIDE THE FOLLOWING:**

- Your last three (3) CPA prepared fiscal year end financial statements and a current interim financial statement.
- Schedule of "Uncompleted" Work on Hand.
- Current Personal Financial Statements on each owner.
- Bank Reference Letter Confirming Line of Credit.
- Current Certificate of Insurance.

*The above answers are true to the best of my knowledge and belief:*

\_\_\_\_\_  
*Signature*

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