



1090 South Route 51, P.O. Box 14, Forsyth IL 62535-0014
 217-877-3344 Fax 217-877-0795

CONTRACTOR'S INFORMATION FORM

Contractor: _____
 Address: _____
 City: _____

Individual: _____ Partnership: _____
 Corporation: C Corp _____ Sub S _____ LLC _____

Phone: _____ Fax: _____ Mobile Phone: _____

OWNERS & WIVES LEGAL NAMES	TITLE	% OF OWNERSHIP	SS #	HOME ADDRESS

Any owner ever defaulted on contract? _____ Explain: _____

Business started: _____ Date Incorporated: _____

*Attach brochure if available

Type work: _____

Territory: _____

If so, what type construction do you perform with your forces? _____

Percent of work subbed: _____ Percent you do yourself: _____

Percentage of work on which you are required to post bonds: _____

Percentage of work your subs bond back to you: _____

Any changes contemplated: _____

Any joint ventures in past? _____ Anticipated: _____

SUBSIDIARIES, AFFILIATES	% OF OWNERSHIP	STOCK HELD BY (INDIV., CORP.)	TYPE OPERATION

KEY PERSONNEL (Attach resume if available)

NAME	POSITION	AGE
Experience:		
Experience:		
Experience:		
Experience:		
Experience:		
Experience:		

Present Surety: _____ Agent: _____

Time w/Surety: _____ w/Agent: _____

Previous Surety Company(ies): _____

Previous Agent(s): _____

LARGEST JOBS COMPLETED (During past 5 years)

\$ AMOUNT	YEAR	\$ PROFIT	ARCHITECT, ENGINEER OR OWNER
Job Name & Type:			
Job Name & Type:			
Job Name & Type:			

Largest Previous WOH (Work on Hand): _____
(\$ to Complete)

Largest Single Job: _____
(Contract Amount)

Present Surety Need: Single Job _____

Aggregate: _____

Do you bond subs? _____ As a matter of policy? _____ At surety request? _____

Union _____ Non-Union _____ Double-breasted _____ Labor environment _____

Unions Utilized: _____

Contract Expires: _____

FINANCIAL AND CREDIT: (Attach copy of most recent bank letter and equipment schedule if not on F/S.)

BANK NAME/ ADDRESS	PHONE NUMBER/ OFFICIAL TO CONTACT	SECURED	UNSECURED	LETTER DATED
1.				
2.				

CREDIT REFERENCES (Major Suppliers):

NAME	ADDRESS	CITY, STATE, ZIP	PHONE

Is present credit line adequate for foreseeable needs? _____ If not, what steps are being taken? _____

Does contractor principally Buy/Lease Equipment? _____ Is present equipment schedule sufficient for foreseeable needs? _____

REFERENCES: (Architect, Engineer, Owners not previously included in largest jobs section)

FIRM NAME (CONTACT)	ADDRESS/PHONE	JOB REFERENCE

INSURANCE SCHEDULE:

	LIMIT	CARRIER	EXPIRATION
LIABILITY - BASIC			
LIABILITY - UMBRELLA			
WORKERS COMPENSATION			
EQUIPMENT SCHEDULE			

LIFE INSURANCE:

NAME - KEY PERSONNEL	AMOUNT	BENEFICIARY

Is Buy-Sell in effect? _____ Does it cover disability? _____ If so, please attach copy.

If not, when will one be considered? _____

CONTROLS - ACCOUNTING:

Fiscal year ends:				
Basis Tax Paid:	Cash:	Accrual:	% Completion:	Completed Contract:
Basis Stmt.prepared:	Cash:	Accrual:	% Completion:	Completed Contract:
S.O.C. (Status of Contracts)	Annual:	Semi-annual:	Quarterly:	Monthly:
Is Financial Statement	Audit:	Review:	Compilation:	Other:
Did accountant use AICPA accepted standards?	Yes:			

Accountant's Name: _____

CPA: ____Yes
 ____No

Firm Name: _____

Address: _____

Phone: _____

ATTACH THE LAST 3 YEARS FINANCIAL STATEMENTS ON THE COMPANY.

INTERNAL CONTROLS:

Are all bids checked by more than one individual? _____

Rundown of total construction process (tracing procedures and responsibilities from time you determine to bid job until completion of contract): _____

Cost control utilized?	Copy of forms used:	On every job?
How often posted?	Progress report to management?	How often?
Compare costs with costs to complete?	How often?	

Comments _____

OTHER INFORMATION:

Has contractor ever been declined by a surety? _____ If so, explain why _____

Has contractor ever defaulted on a contract? ___ If so, explain why _____

Other comments: _____

Information received from: _____ Date: _____