

### Contractor's Questionnaire

Along with this submission please include all of the following (incomplete submissions may result in a delayed response):

- Last three fiscal year end statements of applicant and of all related companies whether active or not.
- Most recent interim financial statement of applicant and of all related companies whether active or not.
- Copy of Corporate Organizational Chart showing share ownership
- Copy of Applicant's Shareholder Agreement
- Work on Hand Report, aged accounts receivable and payable listings concurrent with most recent interim financial statement.
- Work on Hand Report, aged accounts receivable and payable listings concurrent with latest year end financial statement.
- Personal net worth statements of all shareholders and financial statements of their companies whether active or not.
- Purpose and description of operations of each of the related or privately owned companies whether active or not.
- Copy of current signed Banking Agreement/Terms and Conditions Letter or signed Travelers Insurance Banking Reference Letter.
- Copy of most current annual Workers Compensation review of performance.

#### A. General Information

Full Legal Name of Company:		Date Established (dd/mmm/yy):
Physical Address:		Date Incorporated (dd/mmm/yy):
Full Mailing Address: (same as above <input type="checkbox"/> )		<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Corporation
Telephone Number:	Fax Number:	Website Address:
Type of Contractor (i.e. General, Paving, Electrical etc.): If more than one type list all and give approximate percentage of annual sales applicable to each.		

#### B. Corporate Details (Complete the following and Appendix A on page 5)

1. Has your company or any of its principals, or their spouses, or a company of any of them, ever failed in business, compromised with creditors or caused a loss to a surety?  YES  NO
2. Does your company have one or more related companies?  YES  NO
3. Are any of the persons listed in Appendix A, or their spouses, engaged in any other business or family trust?  YES  NO
4. Have there been any changes in the control or management of the company in the past 3 years?  YES  NO
5. Is there a Buy/Sell Agreement in place?  YES  NO
6. Are there any business changes anticipated?  YES  NO
7. To what extent does management control and supervise individual jobs?  
 Daily  Weekly  Monthly  Personally  Through Reports  Other (please specify) \_\_\_\_\_
8. Who is authorized to sign and seal documents on behalf of the company?
  
9. Who has cheque signing authority?

If you answered YES to any of the questions in Section B please provide further details on a separate sheet of paper. For questions 2 & 3 please include Full Legal Name, Address, Date Incorporated, Type of Business, Shareholders, Directors & Officers and Percentage Owned and attach financial statements and include a family tree/corporate chart.)

#### C. Type Of Work

1. Is this company, a related company or any of the persons named in Appendix A or their spouses, engage:
 

in a joint venture	<input type="checkbox"/> YES <input type="checkbox"/> NO	in dam or bridge construction	<input type="checkbox"/> YES <input type="checkbox"/> NO
in a foreign venture	<input type="checkbox"/> YES <input type="checkbox"/> NO	in wharf, pier or breakwater construction	<input type="checkbox"/> YES <input type="checkbox"/> NO
in land or property speculation	<input type="checkbox"/> YES <input type="checkbox"/> NO	In tunnelling	<input type="checkbox"/> YES <input type="checkbox"/> NO
in real estate development	<input type="checkbox"/> YES <input type="checkbox"/> NO	in contracts lasting more than 2 years	<input type="checkbox"/> YES <input type="checkbox"/> NO
as a subdivide	<input type="checkbox"/> YES <input type="checkbox"/> NO	in design work	<input type="checkbox"/> YES <input type="checkbox"/> NO
as home builder	<input type="checkbox"/> YES <input type="checkbox"/> NO	in environmental remediation, mould or asbestos	<input type="checkbox"/> YES <input type="checkbox"/> NO
in turn key projects	<input type="checkbox"/> YES <input type="checkbox"/> NO	in providing efficiency/performance guarantees	<input type="checkbox"/> YES <input type="checkbox"/> NO

If you answered YES to any of the questions in Section C, give details on a separate sheet of paper.
2. State type of owner for whom you do work and list approximate percentage of your annual sales for each:
 

Governments ( )%	Private Companies ( )%
Developers ( )%	Institutions ( )%
Individuals ( )%	Utilities ( )%
Other ( )% (please specify) _____	
3. a) What percentage of you work is usually subcontracted to others? \_\_\_\_\_%
 

b) Types of work usually subcontracted? \_\_\_\_\_

c) Types of work usually self-performed? \_\_\_\_\_

d) Do you obtain bonds from your subcontractors?  Always  Sometimes  Never  
 If never, please explain why not:

If sometimes, please state under what circumstances:

4. For each type of construction you do, list the 3 largest fixed price contracts you have completed in the 3 years preceding your latest financial statements (Do not include contracts completed since the date of your latest financial statement).  
Use a separate sheet of paper if necessary:

<b>Contract Price:</b>	\$	\$	\$
<b>Type of Work:</b>			
<b>Location:</b>			
<b>When Started:</b>			
<b>When Completed:</b>			
<b>Surety (if applicable):</b>			
<b>Architect or Engineer Contact Name &amp; Phone Number:</b>			
<b>Owner Contact Name &amp; Phone Number:</b>			
<b>Gross Profit Margin:</b>	\$	\$	\$

5. What was the largest amount of uncompleted work on hand at any given time in the past 4 years:  
\$ \_\_\_\_\_ Year: \_\_\_\_\_ Number of contracts: \_\_\_\_\_
6. What maximum size contracts in each of the types of work you do, do you think your company is best qualified to handle?  
Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_  
Type: \_\_\_\_\_ Amount: \$ \_\_\_\_\_
7. What work program do you feel your organization is qualified to undertake:  
a) Total cost to complete: \$ \_\_\_\_\_ b) Annual sales volume: \$ \_\_\_\_\_
8. a) In which geographic area do you work: \_\_\_\_\_  
b) Do you ever work outside it? YES  NO   
If YES, where and how often: \_\_\_\_\_
9. a) Has any person listed in Appendix A ever defaulted on a contract or failed to complete a construction contract?  YES  NO  
b) Has any person listed in Appendix A been a member of a company that has?  YES  NO  
If YES, give full particulars: \_\_\_\_\_
10. Is your operation:  
a)  Union  
Duration of union contracts: \_\_\_\_\_ When does the present contract expire: \_\_\_\_\_  
b)  Non-Union, If non-union do you pay union scale wages?  YES  NO

**D. References (Also Complete Appendix B on page 5)**

1. a) Name of present surety: \_\_\_\_\_  
b) How long with present surety: \_\_\_\_\_ years.  
c) Limits established: Aggregate Limit \$ \_\_\_\_\_ Single Job Limit \$ \_\_\_\_\_  
d) Other conditions imposed: \_\_\_\_\_  
e) Reason for changing surety: \_\_\_\_\_  
f) Have you been refused a bond?  YES  NO  
If YES, please give details: \_\_\_\_\_  
g) Have you been denied bonding before?  YES  NO  
If YES, please give details: \_\_\_\_\_
2. List names of other sureties with whom you have dealt in the past 3 years and reasons for change.  
\_\_\_\_\_  
\_\_\_\_\_

**E. Financial Background**

1. a) When is your fiscal year end? \_\_\_\_\_  
b) On what basis is revenue recognized?  
 Completed Contract  Percentage of Completion  Other (please specify) \_\_\_\_\_
2. a) Date of latest interim financial statement: \_\_\_\_\_  
b) On what basis is revenue recognized?  
 Completed Contract  Percentage of Completion  Other (please specify) \_\_\_\_\_
3. Who is your accounting firm and contact?  
Firm: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
4. Can your receivable and payable ledgers be separated by project?  YES  NO

5. Controls accounting:

- Basis tax paid:  Cash  Accrual  % Completion  Completed contract
- Basis year-end financial statement prepared:  Cash  Accrual  % Completion  Completed contract
- Basis interim financial statement prepared:  Cash  Accrual  % Completion  Completed contract
- Work in progress prepared:  Annually  Semi-Annually  Quarterly  Monthly
- Year-end financial statement prepared:  Audit  Review  Notice to Reader

6. a) Cost control utilized?  YES  NO On every job?  YES  NO

b) How often posted to cost report:: \_\_\_\_\_

c) Is cost report sent to management?  YES  NO If YES, how often: \_\_\_\_\_

d) Do you compare costs to complete on the cost report?  YES  NO If YES, how often: \_\_\_\_\_

7. Who is your construction solicitor and firm?

Firm: \_\_\_\_\_ Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

8. At present your company is:

- Discounting bills  Paying in 30 days  in 31 - 45 days  in 46 - 60 days  in 61 - 90 days  over 90 days
- Special terms (if over 45 days, give reasons on a separate sheet of paper)

9. Does your office staff include a full time accountant/bookkeeper?  YES  NO If YES, what are his/her qualifications and experience?

10. a) Name of bank: \_\_\_\_\_

b) Address: \_\_\_\_\_

c) Telephone Number: \_\_\_\_\_ d) With bank since: \_\_\_\_\_ e) Bank Manager: \_\_\_\_\_

\* Please provide a copy of current signed agreements with bank (Terms and Conditions letter).

f) What is your authorized operating line of credit? \$ \_\_\_\_\_ g) How much is presently in use? \$ \_\_\_\_\_

h) How is it secured? \_\_\_\_\_

i) What other loans do you have? (complete below)

Purpose	Amount Outstanding	Annual Repayment	How Secured

11. Do you have one or more accounts receivable or holdbacks of any consequence which are overdue or doubtful?  YES  NO  
If YES, give details and amounts on a separate sheet of paper.

12. Do you carry an annual bad debt allowance?  YES  NO If YES, how much: \_\_\_\_\_

13. Do you at the present time have any holdbacks which are due within 12 months?  YES  NO

If YES, state amount: \$ \_\_\_\_\_ and when due: \_\_\_\_\_

14. Have any of your accounts receivable, holdbacks or notes been assigned, pledged, sold or discounted?  YES  NO  
If YES, please give details:

F. Supplementary Information

1. Is your company acting as Guarantor, Indemnitor or surety for others?  YES  NO  
If YES, please give details on a separate sheet of paper.

2. Are any of your company's principals/owners acting as Guarantor, Indemnitor or surety for others?  YES  NO  
If YES, please give details on a separate sheet of paper.

3. Are there any outstanding construction liens for labour or material *against you* anywhere?  YES  NO  
If YES, please give details on a separate sheet of paper.

4. Are there any outstanding or pending judgements, law suits or claims against your company, its officers or officers of any related company?  YES  NO  
If YES, please explain on a separate sheet of paper.

5. Are others disputing any work which you did or failed to do?  YES  NO  
If YES, please explain fully and give amounts of accounts receivable on a separate sheet of paper.

6. Are there any outstanding construction liens for labour or material filed *by you against a third party*?  YES  NO  
If YES, please give details and amounts on a separate sheet of paper.

7. Are you disputing any work which was done for you?  YES  NO  
If YES, please give full details and amounts of the accounts payable on a separate sheet of paper.

8. Have you or any related company purchased any equipment or other assets of any kind over \$50,000 *since your last fiscal year end*?  YES  NO  
If YES, please list here (if more than one asset use a separate sheet of paper):

- a) Description of asset: \_\_\_\_\_ c) Down payment: \_\_\_\_\_ e) Name of lender: \_\_\_\_\_
- b) Total purchase price: \_\_\_\_\_ d) Monthly payments: \_\_\_\_\_ f) Term: \_\_\_\_\_

9. Do you or any related company, contemplate purchasing in the next 12 months, any equipment or other fixed assets over \$50,000?  YES  NO  
If YES, please list here (if more than one asset use a separate sheet of paper):

- a) Description of asset: c) Down payment: e) Name of lender:  
 b) Total purchase price: d) Monthly payments: f) Term:

10. Since the last fiscal year end, have you or any related company constructed or extended a building of your own?  YES  NO  
If YES, please give full details on a separate sheet of paper.

11. In the next 15 months, do you or any related company plan to construct, extend or acquire a building of your own?  YES  NO  
If YES, please give full details on a separate sheet of paper.

12. Have funds – of consequence – by means of bonuses, salaries, dividends, loans to shareholder or in any other way, been or are expected to be, withdrawn from the company since the date of the last financial statement?  YES  NO  
If YES, please provide full details including amounts on a separate sheet of paper.

**G. Insurance Coverages In Effect - Please fully complete chart below.**

Coverage	Yes	No	Limits	Insurance Company	Coverage	Yes	No	Limits	Insurance Company
Property					Automobile				
Equipment					Liability				
Stock					Completed Ops				
Installation Floater					Non-owned Auto				
Builder's Risk					Umbrella				
Course of Construction					Key Man				
Errors & Omissions					Life				
Windstorm					Efficacy				

**H. Privacy Consent**

Please note that without this consent the Surety will be unable to consider your application.

The undersigned acknowledges that the evaluation of any application for products of the Surety will involve the collection, use and disclosure of personal information, including the information contained in this application and other sources gathered through legal means.

Such collection, use and disclosure of personal information is for the purposes of underwriting bonds and policies, as well as bond or policy management, which shall include conducting initial and on-going credit investigations, as well as Surety activities associated with all extensions, renewals, substitutions and modifications of the bonds or policies, and claims administration.

In the ordinary course of the Surety's business, personal information may be disclosed to reinsurers, legal advisors, credit bureaus, other financial institutions, regulatory bodies and any third party deemed necessary by the Surety.

In the event information about other individuals (e.g. family members, employees, shareholders) is provided or collected from other sources, the undersigned represents and warrants that those persons have consented, to the extent required by law, to the collection, use and disclosure of their personal information for the afore-mentioned purposes.

The undersigned hereby agrees and consents to the Surety's:

- a) collection and use of personal information concerning the undersigned for the purposes described above; and
- b) disclosure of the undersigned's personal information, for the purposes described above to such third parties as deemed necessary by the Surety.

For further information, the Surety's Privacy Policy is available for review online at [www.travelerscanada.ca](http://www.travelerscanada.ca).

**Declaration:** The undersigned hereby declare(s) that

1. All the information provided herein is to the best of my/our knowledge true, complete and correct and understand it will be used by the Surety to determine credit worthiness;
2. I/we consent(s) to the Surety making any enquiries it deems necessary to reach a decision on this application, and consent(s) to the disclosure at any time of any credit information about me/us to any bank, credit reporting agency or any one with whom I/we have financial relations; and
3. The Surety may complete any blanks left or correct any errors in completing any blanks herein, and such insertions or corrections shall be prima facie correct.

Prepared for the Company by: \_\_\_\_\_  
(please print individual name and title)

**ACKNOWLEDGEMENT BY THE PRINCIPAL**

Signature: \_\_\_\_\_  
I HAVE AUTHORITY TO BIND THE COPORATION  
<<Name>>  
<<Title>>

Date: \_\_\_\_\_  
(dd/mmm/yy)

**Appendix A - Corporate Details**

1. List all Corporate Officers – Partners – Shareholders – Directors (use a separate sheet of paper if necessary)

Legal Name	Residence Address	Home Phone	Position	Held Since	Date of Birth (dd/mmm/yy)	% Stock Ownership	Legal Name of Spouse

2. List all Key Operating Personnel (Use a separate sheet of paper if necessary)

Legal Name	Residence Address	Home Phone	Position	Date of Birth (dd/mmm/yy)	Years Of Experience	Previous Employer

**Appendix B – References**

1. List 5 owners (general contractors, if you are a subcontractor) with whom you worked in the past 2 years

Name	Address (include city, province and postal code)	Telephone Number	Fax Number	Contact Name

2. List 3 architects or engineers who have supervised your work in the past year

Name	Contact Name	Address (include city, province and postal code)	Telephone Number	Fax Number	Owner/Project

3. List your present 5 main suppliers

Name	Address (include city, province and postal code)	Telephone Number	Fax Number	Credit Manager	Credit Limit	Product