

# Contractor's Questionnaire

Available in fillable PDF form

## 1. Broker

Name \_\_\_\_\_ Phone \_\_\_\_\_  
Contact for this file \_\_\_\_\_  
**How long have you known the contractor?** \_\_\_\_\_  
**Broker recommendation. Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2. Contractor

Name of firm \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
E-mail address \_\_\_\_\_ Website \_\_\_\_\_  
Type of operation with % if more than one: 1. \_\_\_\_\_ % 2. \_\_\_\_\_ %  
3. \_\_\_\_\_ % 4. \_\_\_\_\_ %  
Average project size for your company \$ \_\_\_\_\_ Total work on hand \$ \_\_\_\_\_  
Year founded \_\_\_\_\_ Changes in the control, ownership, or management of the company in the past three years? Yes  No   
Year incorporated \_\_\_\_\_ If yes, explain fully on a separate sheet of paper.

## 3. Shareholders

Full Legal Name	Address	Title	Held since	Date of Birth	Shareholding Interest %
_____	_____	_____	_____	MM / DD / YY	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any shareholder or officer ever been bankrupt? Yes  No  If yes, provide details on a separate sheet of paper.

## 4. Affiliated or associated companies (If yes, provide latest financial statements.)

Name of Companies	Ownership	Business Activities
_____	_____	_____
_____	_____	_____
_____	_____	_____

## 5. Key personnel (Engineers, Estimators, Project Managers, etc.) – Use a separate sheet if necessary.

Name	Age	Position	Held since	Previous employer	Position	Held since
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

## 6. Major projects (complete section 7 below.)

Owner	Type of Project	Year Completed	Amount	Gross Profit
1. _____	_____	_____	\$ _____	\$ _____
2. _____	_____	_____	\$ _____	\$ _____
3. _____	_____	_____	\$ _____	\$ _____
4. _____	_____	_____	\$ _____	\$ _____
5. _____	_____	_____	\$ _____	\$ _____

(N.B.: Provide the five largest projects completed during the last five years.)

## 7. References (in connection with section 6 above.)

Owner or professional	Contact persons	Telephone No./Fax No.
1. _____	_____	_____ / _____
2. _____	_____	_____ / _____
3. _____	_____	_____ / _____
4. _____	_____	_____ / _____
5. _____	_____	_____ / _____

Intact Insurance Company	TELEPHONE	FAX
calgary.surety@intact.net	1 800 668 8384	403 263 8192
edmonton.surety@intact.net	1 800 661 2958	780 409 4202
vancouver.surety@intact.net	1 888 669 0595	604 669 1646
winnipeg.surety@intact.net	1 877 292 2606	204 942 6633



**8. Current surety**

Name \_\_\_\_\_ Since when? \_\_\_\_\_

Current limits – for each project \$ \_\_\_\_\_ Total work on hand \$ \_\_\_\_\_

Reason for changing \_\_\_\_\_

Any recent surety bond applications denied? Yes  No  Reason declined \_\_\_\_\_

**9. Internal controls**

Is there a cost control system in place for each project? Yes  No  If yes, how often is information available? \_\_\_\_\_

Are internal financial statements prepared? Yes  No  If yes, how often? \_\_\_\_\_

Are there any accounts receivable and/or holdbacks **past due**? Yes  No  **Disputed amount \$** \_\_\_\_\_

Do you obtain bonds from your subcontractors? Always  Sometimes  Never

Does your office staff include a full-time accountant/bookkeeper? Yes  No

Name of accounting/auditing firm \_\_\_\_\_ Phone \_\_\_\_\_ Contact Person \_\_\_\_\_

**10. Type of other engagement**

Is this company or a related company or any of the persons named above or their spouses engaged:

in a joint venture Yes  No  in real estate development Yes  No

in wharf, pier or breakwater construction Yes  No  in jobs which have efficiency guarantees Yes  No

in tunneling Yes  No  in design work Yes  No

in jobs involving the removal of hazardous material Yes  No  in dam or bridge construction Yes  No

If yes, provide details on a separate sheet of paper. in projects requiring specific certification (example: LEED) Yes  No

**11. Limits/Support expectation**

For single job \$ \_\_\_\_\_

For total program any one time \$ \_\_\_\_\_

**12. Bank reference**

Name of institution \_\_\_\_\_ Since when? \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Contact for your account \_\_\_\_\_ Fax \_\_\_\_\_

Approved line of credit \$ \_\_\_\_\_ Amount used \$ \_\_\_\_\_

Line of credit guaranteed by \_\_\_\_\_

**13. Others**

Are there any judgments, suits, claims or liens outstanding against your company, its officers or any company of either? Yes  No

If yes, provide details on a separate sheet of paper.

Is there a business plan for the company? Yes  No  If yes, attach a copy of it.

Is there a formal buy/sell agreement? Yes  No  If yes, provide a summary.

**14. Insurance policies**

Coverage	Limits	Insurance Co.	Rate	Expiry
Property	_____	_____	\$ _____	_____
Equipment	_____	_____	\$ _____	_____
Liability	_____	_____	\$ _____	_____
Key Man Life	_____	_____	\$ _____	_____

**15. Documents**

- Attach last three year end financial statements, prepared on a review engagement or audited basis and related companies.
- Attach recent personal balance sheets of shareholders (Complete the Net Worth Statement form).
- Attach work-in-progress report (Complete the Work-in-Progress Report form).
- Attach current list of aged accounts receivable and interim financial statements as at same date.
- Attach recent resumés of principal shareholders and key personnel, if available.
- Attach a copy of the complete Line of Credit Loan Agreement with your financial institution.
- Attach a copy of the Privacy Consent form.
- If you would like to add any remarks on this document, provide details on a separate sheet of paper.

**“NOTICE AND ACKNOWLEDGEMENT”**

If, within this questionnaire, the contractor must submit personal information on anyone, within the meaning of the Act respecting the protection of personal information in the private sector, the contractor acknowledges having obtained such information from the persons concerned or from third parties with the consent of such persons, from whom it has obtained the consent to communicate such information for the purpose of this questionnaire.

The Undersigned hereby represents that the above statements are true and authorizes the bank and the other references to verify the correctness of the statements

Prepared for the Company by: \_\_\_\_\_

Position: \_\_\_\_\_

(Please Print)

(Please Print)

Signature

Date