

**CULBERTSON INSURANCE SERVICES, INC.****CONTRACTOR QUESTIONNAIRE**

55500 E Santa Ana Canyon Road  
 Suite 201  
 Anaheim, CA 92807  
 Phone: (714) 921-0530 - Fax: (714) 921-2096  
 Web: <http://www.culbertsonbonding.com>

[nasbp.org/toolkit](http://nasbp.org/toolkit)

**I. BUSINESS INFORMATION**

Business name: \_\_\_\_\_  
 Contact name: \_\_\_\_\_ E-mail address: \_\_\_\_\_  
 Firm address: \_\_\_\_\_  
 Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
 Web site: \_\_\_\_\_  
 State of incorporation: \_\_\_\_\_ Year started: \_\_\_\_\_  
 Tax ID: \_\_\_\_\_ Is your firm union?  Yes  No  Both  
 Contracting specialty: \_\_\_\_\_  
 LEED project experience:  Yes Number of projects: \_\_\_\_\_  No Number of LEED Certified employees: \_\_\_\_\_  
 Geographic area(s) of operation: (*Territory*) \_\_\_\_\_  
 Type of business:  C-Corp.  Sub S. Corp.  Part.  Sole Prop.  LLC  LLP  
 Employees (# of): Office: \_\_\_\_\_ Field (*min.*): \_\_\_\_\_ to (*max.*): \_\_\_\_\_ Current total: \_\_\_\_\_  
 Affiliations:  AGC  ASA  ABC  CFMA Other: \_\_\_\_\_  
 Certifications:  8a  HubZone  SDVOSB Other: \_\_\_\_\_

**II. OFFICER INFORMATION**

List all Owners, Proprietors, Partners and Officers of the firm:

	a. Full legal name:	b. Percentage owned:	c. Date of birth:	d. Social Security Number:
	e. Position:	f. Since:	g. Home address:	
	h. Spouse legal name:		i. Spouse date of birth:	j. Spouse Social Security Number:
<b>1</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>2</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>3</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>4</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____
<b>5</b>	a. _____	b. % _____	c. _____	d. _____
	e. _____	f. _____	g. _____	
	h. _____		i. _____	j. _____

Will all owners and their spouses provide full personal indemnification to the surety?  Yes  No (*explain below*)

Explain: \_\_\_\_\_

Is there a buy/sell agreement among the owners of the business?  Yes  No

Is this agreement funded by life insurance?  Yes  No



### III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? **If yes, please attach explanation.**  Yes  No

Is your firm or any of its owners or officers currently involved in any litigation? **If yes, please attach explanation.**  Yes  No

Percentage of the firm's work for: Government Owners: \_\_\_\_\_% Private Owners: \_\_\_\_\_% Other Contractors: \_\_\_\_\_%

Trades you normally undertake with your own employees:  None (*Paper GC*)  \_\_\_\_\_

Percentage of the firm's work normally subcontracted to others: \_\_\_\_\_%

Trades you normally subcontract: \_\_\_\_\_

Sub bonding policy: \_\_\_\_\_

Preferred job size range: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Number of jobs at a time: \_\_\_\_\_

Largest cost to complete backlog: \$ \_\_\_\_\_ Year: \_\_\_\_\_ Number of jobs: \_\_\_\_\_

Largest job expected during the next year: \_\_\_\_\_

Largest backlog expected during the next year: \_\_\_\_\_

Expected annual volume this current fiscal year: \_\_\_\_\_ Next fiscal year: \_\_\_\_\_

Do you lease equipment?  Yes  No Type of lease: \_\_\_\_\_

Terms of the lease: \_\_\_\_\_

### IV. FINANCIAL INFORMATION

Name of CPA Firm: \_\_\_\_\_ Fiscal Year End: \_\_\_\_\_

Contact name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Company address: \_\_\_\_\_

Company phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Site: \_\_\_\_\_

On what basis are taxes paid?  Cash  Completed Job  Accrual  % of Completion

On what basis are financial statements prepared?  Cash  Completed Job  Accrual  % of Completion

On what level of assurance are financial statements prepared?  CPA Audit  Review  Compilation

How often are internal financial statements prepared?  Annually  Semi-Annually  Quarterly  Monthly

How are bills paid?  Discounts taken as offered  Prompt within payment terms  Late, within \_\_\_\_\_ days of due

Any material troubled A/R?  No  Yes Explain: \_\_\_\_\_

Changes to the balance sheet since last fiscal year end: (contributions, distributions, loans, material asset buys or sells, financing, etc.)

Do you have a full time accountant on staff?  Yes  No Name: \_\_\_\_\_

Staff accountant professional designations:  CPA  CCIFP  Other: \_\_\_\_\_

Accounting software: \_\_\_\_\_

Estimating software: \_\_\_\_\_

Job cost software: \_\_\_\_\_

### V. BANK INFORMATION

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

Contact name: \_\_\_\_\_ Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

With this bank since: \_\_\_\_\_ Relationship currently includes:  Deposit accounts  Revolving line of credit  Term loans

Line of credit (LOC) year opened: \_\_\_\_\_ Amount: \$ \_\_\_\_\_ Line expires: \_\_\_\_\_

LOC –  Unsecured  Secured By: \_\_\_\_\_

LOC – special terms or sublimits: \_\_\_\_\_

Other banks used and purpose: \_\_\_\_\_

### VI. EXPERIENCE & REFERENCES

**Previous bonding companies:**

	<u>Name:</u>	<u>Dates:</u>	<u>Reason for leaving:</u>
<b>1</b>	_____	_____	_____
<b>2</b>	_____	_____	_____
<b>3</b>	_____	_____	_____

Have you ever been turned down by a surety?  Yes  No If yes, why? \_\_\_\_\_

**Largest completed contracts: (largest first)**

	<u>a. Job name:</u>	<u>b. City, State:</u>	<u>c. Contract price:</u>	<u>d. Gross profit:</u>	<u>e. Date completed:</u>	<u>f. Bonded?</u>
	<u>g. Contact name:</u>	<u>h. Firm:</u>	<u>i. Phone:</u>	<u>j. Fax:</u>	<u>k. E-mail:</u>	
	<u>l. Project description:</u>					
<b>1</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>2</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>3</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>4</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					
<b>5</b>	_____	_____	<u>c. \$</u> _____	<u>d. \$</u> _____	_____	<u>f.</u> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<u>g.</u> _____	<u>h.</u> _____	<u>i.</u> _____	<u>j.</u> _____	<u>k.</u> _____	
	<u>l.</u> _____					

**Major suppliers: (largest volume first)**

	<u>Name:</u>	<u>Products:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Major trade subcontractors (or contractors if you are a trade contractor): (largest volume first)**

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____
<b>3</b>	_____	_____	_____	_____	_____	_____
<b>4</b>	_____	_____	_____	_____	_____	_____
<b>5</b>	_____	_____	_____	_____	_____	_____

**Specialty trade subcontractors:**

	<u>Name:</u>	<u>Trade:</u>	<u>Phone:</u>	<u>Fax:</u>	<u>Contact name:</u>	<u>Last used:</u>
<b>1</b>	_____	_____	_____	_____	_____	_____
<b>2</b>	_____	_____	_____	_____	_____	_____



VIII. KEY PERSONNEL

Additional key personnel:

Table with 6 columns: Name, Designation(s), Position, Birth year, This company, Years experience (Total). Rows 1-5.

IX. LIFE INSURANCE INFORMATION

Life insurance in effect on officers or key personnel:

Table with 4 columns: Insured, Beneficiary, Death benefit, Insurance company. Rows 1-4.

X. BUSINESS INSURANCE INFORMATION

Staff Risk Manager, Insurance broker/agency, Agent's name, Phone, Key expiration dates, Designations, City/ State, E-mail, Fax.

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

Table with 5 columns: Firm name, Ownership/relationship, Type of business, FEIN, Cross/Corp. Indemnity? (Yes/No). Rows 1-5.

Remarks:

Large empty rectangular box for remarks.



**XII. ATTACHMENTS**

- Copies of the last three fiscal year end financial statements including work in progress & completed contract schedules
- Current interim financial statement and work in progress report if fiscal statement is over six months old
- Current personal financial statement for all indemnitors
- Bank Line of Credit Agreement
- Business Plan
- Federal Tax Returns
  - Company – years: \_\_\_\_\_
  - Personal – years: \_\_\_\_\_
- Buy/Sell Agreement
- Specimen copy of Subcontract Agreement
- Certificate(s) of Insurance (*all lines carried*)
- Resumes of owners/key employees
- Brochure and/or Letters of Recommendation about the accomplishments of your firm
- Other: please describe below under “Additional Remarks”:

**Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.**

**This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.**

Name of Firm: \_\_\_\_\_

Completed by: \_\_\_\_\_

Title: \_\_\_\_\_

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

Additional Remarks:

