

The Contractor



1. Broker

Name _____ Number _____
 Contact for this file _____
How long have you known the contractor? _____
Broker recommendation. Signature _____ **Date** _____

2. Contractor

Name _____ 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

Name	Address	Marital Status	Title	Held since	Date of Birth MM / DD / YY	Shareholding Interest %
_____	_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	_____	____/____/____	_____
_____	_____	_____	_____	_____	____/____/____	_____

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. 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 _____

7. Major projects (Complete Section 8 – Reference on the back.)

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.)

Complete back of the form.

Intact Insurance Company
 Montreal 1 800 561 7251 514 282 7954 1 855 773 5849
 Quebec 1 800 463 5140 418 654 3405 1 855 773 5849
 Saint-Hyacinthe 1 800 363 5401 450 773 5849 1 855 773 5849
 E-mail address: quebec.surety@intact.net



8. References (in connection with section 7)

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

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

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 <input type="checkbox"/>	No <input type="checkbox"/>	in real estate development	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in wharf, pier or breakwater construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>	in jobs which have efficiency guarantees	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in tunneling	Yes <input type="checkbox"/>	No <input type="checkbox"/>	in design work	Yes <input type="checkbox"/>	No <input type="checkbox"/>
in jobs involving the removal of hazardous material	Yes <input type="checkbox"/>	No <input type="checkbox"/>	in dam or bridge construction	Yes <input type="checkbox"/>	No <input type="checkbox"/>
			in projects requiring specific certification (example: LEED)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

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 or claims 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	_____	_____	\$ _____	_____

15. Documents

- Attach latest annual financial statements.
- Attach recent personal balance sheets of shareholders. (Complete The Statement form.)
- Attach work-in-progress report. (Complete The Work-in-Progress Report form.)
- Attach list of aged accounts receivable as of latest financial statements date and at a recent date.
- Attach recent internal financial statements and resumés of principal shareholders and key personnel, if available.
- Attach a copy of the complete Line of Credit Loan Agreement with your financial institution.
- 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: _____

 (Please Print)

 Signature

Position: _____

 (Please Print)

 Date