

# Tonry Insurance Group

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## Contractor's Questionnaire

### 1. Introduction

Contractor's Name \_\_\_\_\_ Federal Tax ID# \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Date Business Founded \_\_\_\_\_

Is your Organization Union?  YES  NO Number of Employees \_\_\_\_\_ Number of Crews \_\_\_\_\_

Type of Organization  Corporation  Partnership  Sole Proprietorship  Other (specify) \_\_\_\_\_

If Corporation, have Stockholders elected to be considered a "Sub Chapter 'S' Corporation"?  YES  NO

Date Incorporated? \_\_\_\_\_ Are all Stockholders/Owners actively involved in the business?  YES  NO

If NO, please explain \_\_\_\_\_

#### List all Stockholders / Owners and Key Personnel:

Stockholder	Soc Sec #	Title/Position	% of Ownership	Date of Birth	Years/Experience in Construction
Name: Spouse: Address:					
Name: Spouse: Address:					
Name: Spouse: Address:					
Name: Spouse: Address:					

#### List Affiliated, Subsidiary or Related Companies in which this firm or its stockholders / owners have interest:

Name & Address	% of ownership	Scope of operations

### 2. Financial Data

When is your fiscal year end? \_\_\_\_\_

Who prepares your fiscal year end financial statements? \_\_\_\_\_

Telephone \_\_\_\_\_ Do you have interim financial statements prepared? \_\_\_\_\_ How often? \_\_\_\_\_

What method of accounting is used in preparing statements?  Completed Contract  Accrual  % of Completion  
 Other, if checked please explain \_\_\_\_\_

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

Have operations been profitable since financial statement date?  YES  NO If NO, please explain \_\_\_\_\_

Are any new ventures contemplated?  YES  NO If YES, please describe \_\_\_\_\_

Has your business been audited by the IRS?  YES  NO Year? \_\_\_\_\_ Are your taxes current?  YES  NO

Is a Buy-Sell Agreement in effect?  YES  NO If YES, please attach a copy.

In the event of an owners death, is a plan in effect to complete all uncompleted work?  YES  NO If YES, please describe \_\_\_\_\_

Agency of Liability Insurance \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bank Name \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Bank Address \_\_\_\_\_

Name of Officer(s) you deal with \_\_\_\_\_

Do you have an established Line of Credit?  YES  NO If YES, amount \$ \_\_\_\_\_

List suppliers from whom you buy most of your materials:

Company	Address	Contact	Phone	Fax	Annual Purchase (\$)	How Long

**3. Scope of Operation**

Type of Construction Specialty(s) \_\_\_\_\_

A. % work done for Public \_\_\_\_\_ % Private \_\_\_\_\_ %

B. What % of work is as Prime \_\_\_\_\_ % Sub \_\_\_\_\_ %

Is your equipment adequate?  YES  NO Please attach equipment list.

Largest contracts completed within the last 5 years:

Owner or General Contractor	Address	Contact	Phone	Fax	Contract Amount (\$)	Date Completed

Principal subcontractors you have used in the past 2 years:						
Company	Address	Contact	Phone	Fax	Type of Work / Amount (\$)	Date Completed

Largest previous job \$ \_\_\_\_\_ Largest previous work program \$ \_\_\_\_\_ Average Size Contracts \$ \_\_\_\_\_

Largest single contract your company can best handle \$ \_\_\_\_\_

Maximum dollar amount of Work On Hand your company can best handle \$ \_\_\_\_\_

Radius your company can best operate in \_\_\_\_\_ miles

Have you ever failed to complete a contract?  YES  NO If YES, please explain \_\_\_\_\_

Have you ever had significant problems with a project?  YES  NO If YES, please explain \_\_\_\_\_

**4. Bonding History**

Name all surety companies with whom you have dealt and the reason for change:				
Surety Company	Agency	Amount of Bonding Credit	Year	Reason for Change

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**THE UNDERSIGNED CERTIFY THAT THE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TRUE AND CORRECT IN ALL RESPECTS**

Date: \_\_\_\_\_ Firm Name: \_\_\_\_\_

SIGN HERE X \_\_\_\_\_