

Contractor's Submission Guide



PLEASE COMPLETE THE ENCLOSED FORMS:

1. **CONTRACTOR'S QUESTIONNAIRE:**
Complete in detail including signature and date.
2. **CONTRACT BID AND FINAL BOND REQUEST:**
Complete Bid Bond/Final Bond Request Form and attach copy of any special bond form required by owner.
Use the Bid Bond/Final Bond Request Form to provide bid results after your bid is submitted.
3. **WORK ON HAND SCHEDULE:**
Complete within 30 days.
4. **PERSONAL FINANCIAL STATEMENT:**
Complete form and sign.

TO EXPEDITE THE PROCESSING OF YOUR APPLICATION, SUBMIT THE FOLLOWING:

FINANCIAL INFORMATION:

- Last three year-end company financial statements. (Percentage of completion method of accounting preferred).
- Company financial statement within 90 days current.
- Personal financial statement on each owner/stockholder prepared as of the latest fiscal year end.
- Most current year-end financial statement on all affiliates (if any).
- Corporate tax returns.

PRIOR TO THE ISSUANCE OF ANY BOND, THE FOLLOWING WILL BE REQUIRED:

1. **CERTIFICATE OF INSURANCE:** Show company's current coverage's.
2. **BANK LETTER:** Current letter written on bank letterhead. (We will send request for letter to the bank contact that you provide.)
3. **INDEMNITY AGREEMENT:** We will need corporate indemnity, including the indemnity of all affiliates, and individual indemnity of all stockholders and their spouses.
4. A set-up fee may be charged.
5. A copy of the contract.
6. A copy of the required bond forms.

**If you have any questions, please contact our office.
We are glad to help agents and/or contractors work through the process.
You do not have to be a bond expert!**

Contractor's Questionnaire



Contractor: _____
Address: _____
City: _____ State: _____ Zip: _____
Website: _____

Date: _____
Phone: _____
Fax: _____
E-mail: _____

GENERAL INFORMATION

Form of Business (check one) Proprietorship Partnership Corporation Sub-Chapter S LLC

Type of construction performed: _____

Fiscal Year End Date: _____ Union Non-Union

Geographic Territory: _____

States in which licensed to do business: _____
(Please attach copies of licenses)

Do you ever engage in Joint Ventures? Yes (If yes, give details on a separate sheet) No

HISTORY

Date business established: _____ Date business incorporated: _____ Federal Tax ID # _____

Name of Predecessor Company: _____

When did current management assume control? _____

ORGANIZATION, OWNERS AND KEY EMPLOYEES

1) Full Name: _____

Soc. Sec. No.: _____

Title: _____

Percentage of Ownership: _____%

Spouse: _____

Soc. Sec. No.: _____

Title: _____

Percentage of Ownership: _____%

Home Address: _____

Home Phone: _____

2) Full Name: _____

Soc. Sec. No.: _____

Title: _____

Percentage of Ownership: _____%

Spouse: _____

Soc. Sec. No.: _____

Title: _____

Percentage of Ownership: _____%

Home Address: _____

Home Phone: _____

Contractor's Questionnaire



3) Full Name: _____
Title: _____
Spouse: _____
Title: _____
Home Address: _____

Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Soc. Sec. No.: _____
Percentage of Ownership: _____ %
Home Phone: _____

Are the owners personally active in the business? Yes No (If no, give details on a separate sheet)

Have any of the principals ever declared bankruptcy? Yes No (If yes, give details on a separate sheet)

PARENT, AFFILIATE AND/OR SUBSIDIARY COMPANIES

<u>Name</u>	<u>Location</u>	<u>Owned By</u>	<u>Scope of Operations</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Has any entity in which the contractor, stockholders or related companies had financial interests engaged in any form of real estate investment, development or building or any other related activities? Yes No

If yes, describe: _____

In addition to contracting, what other business activities are you engaged in or do you engage in? _____

CONTINUITY-JOB COMPLETION

Is there a formal Buy-Sell Agreement in effect? Yes No (If yes, attach a copy)

How is the Buy-Sell Agreement funded? _____

Who are the parties to the Buy-Sell Agreement? _____

AMOUNT OF LIFE INSURANCE PAYABLE TO THE CORPORATION

<u>Insured</u>	<u>Insurance Company</u>	<u>Amount</u>	<u>Amount Borrowed</u>	<u>Beneficiary</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What arrangements have been made to assure contracts are completed in the event key personnel are not available?

What incentives are given to the key employees to follow through (bonuses, profit sharing, etc.)? _____

Contractor's Questionnaire



BANK REFERENCES

Name of Bank: _____ Date Account Established: _____
Address: _____ Email: _____
City: _____ State: _____ Zip: _____ Phone: _____
Name of Loan Officer: _____ Fax: _____
Amount of Bank Line \$ _____ Unsecured \$ _____ Secured \$ _____
Description of Security: Accounts Receivable Contract Rights Personal Endorsement Inventory
 Equipment/Real Estate Other: _____
Expiration Date: _____ Amount of Bank Line Currently in Use \$ _____

Please notify your bank that Allstar Financial Group will be in touch.

ACCOUNTING AND FINANCIAL REPORTING

Name/Address of Accounting Firm: _____
 CPA Public Accountant Other _____ Fiscal Year End Date: _____
Is your accountant an officer, partner or a relative of an officer or partner of the construction company? Yes No
How many years has this firm prepared your financial statements? _____ yrs. Tax Returns? _____ yrs.
Fiscal year end statement is prepared: Audited Review Other: _____
Method of Accounting (check one for each line):

	% of Completion	Completed Contract	Accrual	Cash
For financial reporting:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For tax purposes:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have your operations been profitable since the last year end statement? Yes No
Are taxes (including Payroll, FIT and SIT) current? Yes No Any tax liens? Yes No Date of Last Tax Audit? _____
Have there been any major changes in the last 12 months with respect to:
 Ownership Loans or Refinancing Equipment Other If so, please describe below:

Do you have a system for providing periodic internal cost accounting reports showing job status?
 Daily Weekly Monthly Quarterly Other (please describe) _____

Contractor's Questionnaire



REFERENCES

List 5 owners/architects/engineers with whom you have worked in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 subcontractors/general contractors with whom you have worked in the last two years.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

List 5 suppliers with whom you buy most of your material.

	<u>Name/Address</u>	<u>Contact</u>	<u>Phone #</u>	<u>Fax #</u>
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

Contractor's Questionnaire



CURRENT WORK ON HAND

Attach a "Work on Hand Schedule" form concurrent with the fiscal year end statement furnished and a current report if the latest financial statement is more than three months old. The following questions pertain to the latest "Work on Hand Schedule" form.

Please explain on a separate sheet of paper any "Yes" answers.

- Was your bid on any project more than 10% below that of the second bidder? Yes No
- Any projects behind schedule to complete? Yes No
- Any delays or disputes on any projects? Yes No
- Any penalty for late completion? Yes No

INSURANCE CURRENTLY IN FORCE

Certificate of insurance: Attached Forthcoming

SUITS, JUDGMENTS, DEFAULTS AND CONTINGENT LIABILITIES

- Has your company or any officer or any partner ever failed in business or compromised with creditors? Yes No
- Has your company ever failed to complete a contract? Yes No
- Have you ever failed to qualify for a bond after an award? Yes No
- Are you acting as a surety or bondsman for others? Yes No
- Are you acting as an endorser for others on their notes or accounts? Yes No
- Does your company or any officer or partner owe money to a bonding company? Yes No
- Has your company or any officer or partner ever required financial assistance or borrowed from a bonding company? Yes No
- Do you have the necessary equipment to perform the anticipated job/program? Yes No

Name/Phone Number of Attorney: _____

Contractor's Questionnaire



JOB EXPERIENCE

Largest Single Job Completed: \$ _____ Year: _____

Average Single Job: \$ _____ Average Program: \$ _____

Please list the 3 largest contracts completed in the last 3 years:

1. Job Description: _____

Your Contract With: (Owner/General Contractor) _____

Name of Person to Contact: _____ Phone: _____ Fax: _____

Contract Price: \$ _____ Amount of Profit or Loss \$ _____ Date Completed: _____

2. Job Description: _____

Your Contract With: (Owner/General Contractor) _____

Name of Person to Contact: _____ Phone: _____ Fax: _____

Contract Price: \$ _____ Amount of Profit or Loss \$ _____ Date Completed: _____

3. Job Description: _____

Your Contract With: (Owner/General Contractor) _____

Name of Person to Contact: _____ Phone: _____ Fax: _____

Contract Price: \$ _____ Amount of Profit or Loss \$ _____ Date Completed: _____

PRIOR SURETIES

Name/Address of Your Present Surety: _____

How long have you been with your present surety? _____ yrs. Reason for changing: _____

As an inducement for bonding, are you currently providing:

Personal Indemnities Collateral Additional Corporate Indemnities

Have you been refused by your present or prior surety? Yes No If yes, please explain: _____

The Undersigned hereby authorizes the Surety to make such pertinent inquiry as may be necessary from financial institutions, credit reporting companies or agencies and all other persons, firms and corporations in order to confirm or verify information referred to or listed herein.

Signed: _____ Date: _____



A L L S T A R[™]

Discover the Difference.

Bid Bond/Final Bond Request Form

Agent: _____

Contractor (Principal): _____ Today's Date: _____

Owner/Obligee's Name & Address: _____

Contact Name: _____ E-Mail Address: _____

Phone # _____ Fax # _____

Project Description: _____

BID BOND INFO: Bid Date: _____ Estimate: _____ Bid Percentage: _____

FINAL BOND INFO: Contract Date: _____ Contract Amount: _____

Did you attach a copy of the contract or invitation to bid? Yes No

(NOTE: A copy of the contract is required for Final Bond Requests. A copy of the invitation to bid is required for bid bond requests.)

Time to Complete: _____ Penalty: _____ Retainage: _____

Term of Warranty: One Year: Two Year: Other: _____

Special Bond Form Required by the Owner? *(If yes, please attach form.)* Yes No HOW MANY ORIGINALS? _____

Mailing Instructions: FedEx to Agent FedEx to Principal Please provide FedEx Account #: _____

UPS to Agent UPS to Principal Please provide UPS Account #: _____

PICK-UP OTHER: _____

Work on Hand: _____ *Total cost to complete all jobs in progress plus new jobs with contracts signed.*

JOB COST BREAKDOWN

Sub Specialty Breakdown of Subcontracts by Trade			
	Trade	Name of Sub if known	Amount
Labor: _____	_____	_____	_____
Materials: _____	_____	_____	_____
Sub Cost: _____	_____	_____	_____
Profit: _____	_____	_____	_____
Total: _____	_____	_____	_____

-----**PLEASE FAX BID RESULTS TO YOUR ALLSTAR FINANCIAL GROUP UNDERWRITER**-----

1st _____ Bid Amount: _____

2nd _____ Bid Amount: _____

3rd _____ Bid Amount: _____

Your bid amount if not listed above: _____

Work on Hand Schedule

(Completed and Uncompleted Work)



Contractor: _____

Date of Report: _____

Description of Contract	Name of Owner or General Contractor	Contract Price Plus Change Orders	Total Billed to Date (Include Retainage)	Total Costs to Date	Estimated Costs to Complete Now	Estimated Date of Completion
TOTALS						

CONTRACTS COMPLETED SINCE LAST FISCAL YEAR END CLOSING:

Description and Location	Final Price	Total Cost	Gross Profit/Loss
TOTALS			

Signed: _____

Title: _____

Date: _____

Financial Statement



Name _____
 SSN _____
 Address _____
 City _____ State _____ Zip _____

Spouse's Name _____
 Spouse's SSN _____
 (Provide Spouse's Address if different)

Statement Date as of (mm/dd/yy) _____

The undersigned submits the following as being a true and accurate statement of his or her financial condition on the date shown above and acknowledges that Surety will be relying on the representations made herein.

ASSETS	Amount	LIABILITIES – CURRENT	Amount
Cash on Hand and in Banks		Notes Payable to Banks-Secured	
U.S. Gov't Securities - see schedule		Notes Payable to Banks	
Listed Securities - see schedule		Unsecured Notes Payable to Relatives	
Unlisted Securities - see schedule		Notes Payable to Others	
Accounts Receivable-Relatives - see schedule		Accounts Payable	
Notes Receivable-Relatives - see schedule		Unpaid Income Tax	
Real Estate Owned-Residence		Other Unpaid Taxes	
Real Estate Owned-Other		Real Estate Mortgages Payable - Residence	
Real Estate Mortgages Receivable		Real Estate Mortgages Payable-Other	
Automobiles and Other Personal Property		Other Debts-List	
Cash Value Life Insurance			
Other Assets - List			
		LIABILITIES – LONG TERM	
		Real Estate Mortgages Payable - Residence	
		Real Estate Mortgages Payable - Other	
		Other Long Term Debt – List	
		TOTAL LIABILITIES	
		(Total Assets – Total Liabilities = NET WORTH)	
TOTAL ASSETS		TOTAL LIABILITIES + NET WORTH	

SOURCES OF INCOME		PERSONAL INFORMATION	
Salary		Business Occupation	
Bonuses and Commissions			
Dividends			
Real Estate Income		Spouse Occupation	
Other Income - List		Dependents	
		Partner or Officer in any Other Business – List	
INCOME TOTAL		Do you have a will?	

CONTINGENT LIABILITIES		GENERAL INFORMATION	
As Endorser Co-Maker, or Guarantor		Are any assets pledged?	
On Leases or Contracts		Are you a defendant in any suits or legal actions?	
Legal Claims		Have you ever declared bankruptcy?	
Provisions for Federal Income Taxes		If so, when?	

Financial Statement



SCHEDULE OF U.S. GOVERNMENT SECURITIES, STOCKS AND BONDS OWNED

Description	Number of Shares	In Name Of	Value: Cost	Value: Market

SCHEDULE OF REAL ESTATE

Description of Property Covered	Location of Property (Street Address, City, State)	Date Acquired	Cost	Market

Title in Name	Mortgage Remaining	Monthly Payment	Monthly Income

SCHEDULE OF LIFE INSURANCE CARRIED

Name of Insured	Beneficiary	Name of Insurance Company	Face Value	Amount Borrowed

SCHEDULE OF ACCOUNTS RECEIVABLE

From Whom Due (Name)	Amount	When Due	Secured?	Description of Security

SCHEDULE OF NOTES RECEIVABLE

From Whom Due (Name)	Amount	Date of Maturity	Secured?	Description of Security

SCHEDULE OF NOTES PAYABLE

From Whom Due (Name)	Amount	Date of Maturity	Secured?	Description of Security

Signature _____ Name (Printed) _____ Date _____

Signature _____ Name (Printed) _____ Date _____