

Contractor Profile

Name: _____ Type: Proprietorship "S" Corp.
Address: _____ Partnership Corporation
Website: _____ E-mail: _____
Phone # (____) _____ Fax # (____) _____ Tax I.D. #: _____
Date Business Started: _____ Date Incorporated: _____ State of Inc. _____
Type of Work Performed: _____ Territory of Operations: _____
Name of Prior Business (if applicable): _____
Contact for Bonding Needs: _____

Owners, Officers, Partners

List All Owners, Officers, Partners, and Spouses.

Name: _____ M.I. _____
Title: _____ % Ownership: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____ SS #: _____
Spouse: _____ SS #: _____

Name: _____ M.I. _____
Title: _____ % Ownership: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____ SS #: _____
Spouse: _____ SS #: _____

Name: _____ M.I. _____
Title: _____ % Ownership: _____
Address: _____
City/State/Zip: _____
Date of Birth: _____ SS #: _____
Spouse: _____ SS #: _____

Name: _____ M.I. _____
Title: _____ % Ownership: _____
Address: _____
City/State/Zip: _____
Spouse: _____ SS #: _____
Spouse: _____ SS #: _____

Related Companies

List Affiliates, Subsidiaries, or Related Companies in which this Firm or Stockholders have an Interest:

Company Name _____
Tax ID _____
Name: _____ M.I. _____
Title: _____ % Ownership: _____
Address: _____
Date of Birth: _____ SS #: _____
Spouse: _____ SS #: _____

Company Name _____
Tax ID _____
Name: _____ M.I. _____
Title: _____ % Ownership: _____
Address: _____
Date of Birth: _____ SS #: _____
Spouse: _____ SS #: _____

Have you ever been charged with a criminal offense? Yes No If yes, please attach a brief explanation.
Has your firm or any of its principals ever petitioned for bankruptcy? Yes No If yes, please attach a brief explanation.
Are you currently involved in any litigation? Yes No If yes, please attach a brief explanation.
Have you or any officer, partner, stockholder or principal ever been associated with a company which has failed to complete a contract, caused a surety a loss, failed in business or compromised a creditor? Yes No If yes, please attach a brief explanation.

Key Personnel

List all Key Personnel - Project Managers, Superintendents, Estimators, etc.

Name: _____ Year Born: _____ Name: _____ Year Born: _____
Position: _____ Position: _____
How Long Here: _____ How Long Here: _____

Name: _____ Year Born: _____ Name: _____ Year Born: _____
Position: _____ Position: _____
How Long Here: _____ How Long Here: _____

Number of Employees: _____ Who holds the License for the Firm? _____

Number of Crews: _____

Trade License No. _____

Prior Experience

List Your Five Largest Jobs Completed in the Last Three Years. ****No address necessary if phone/fax are included.****

1. Project Description and Location: _____

Contract Price: \$ _____ Gross Profit: \$ _____ Year Completed: _____

Owner/G.C./Arch./Eng.: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

2. Project Description and Location: _____

Contract Price: \$ _____ Gross Profit: \$ _____ Year Completed: _____

Owner/G.C./Arch./Eng.: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

3. Project Description and Location: _____

Contract Price: \$ _____ Gross Profit: \$ _____ Year Completed: _____

Owner/G.C./Arch./Eng.: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

4. Project Description and Location: _____

Contract Price: \$ _____ Gross Profit: \$ _____ Year Completed: _____

Owner/G.C./Arch./Eng.: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

5. Project Description and Location: _____

Contract Price: \$ _____ Gross Profit: \$ _____ Year Completed: _____

Owner/G.C./Arch./Eng.: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Subcontractor/Supplier References

Percent of Work Subcontracted: _____% Policy on Managing Subcontractors: Lien Releases: Yes No
Work Performed with Own Forces: _____ Joint Check: Yes No
Bond: Yes No

List Five Subcontractor References

- 1. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 2. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 3. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 4. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 5. Company: _____ Contact: _____
Phone: _____ Fax: _____

List Five Suppliers

- 1. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 2. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 3. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 4. Company: _____ Contact: _____
Phone: _____ Fax: _____
- 5. Company: _____ Contact: _____
Phone: _____ Fax: _____

Do You Normally Pay Suppliers: Discount 30 Days 60 Days Over 60 Days

Largest Job/Current Bond Needs

Largest Job Completed: \$ _____ Year: _____

Current Bond Need: Bid Bond Performance & Payment (please attach bid announcement or copy of contract, if applicable)

Single: \$ _____ Work Program (Projected Annual Sales): \$ _____

Banking

Bank Name: _____ Contact: _____ Phone/Fax: _____

Address: _____ City/State/Zip: _____

Do you have a line of Credit? Yes No Amount: \$ _____ (Attach a copy of line or letter from bank)

How is it Secured? _____

Do we have your permission to verify banking information? Yes No

Continuity/Life Insurance

Is there a buy-sell agreement in effect? Yes No If Yes, Agreement Funded by Life Insurance? Yes No

Insured: _____ Insured: _____

Beneficiary: _____ Beneficiary: _____

Amount: \$ _____ Type: Whole Term Amount: \$ _____ Type: Whole Term

Insurance/Bonding

Current Liability Carrier: _____ Agent: _____

Current Bond Company: _____ Agent: _____

Current Bonding Limits: \$ _____ Single/\$ _____ Aggregate Rate: _____

Accounting

Firm Name: _____ Contact: _____ Phone: _____

Fiscal Year End: _____ How Many Years has this Firm Prepared Your Financial Statements? _____

Internal Accounting Software Used: Yes Name: _____ No

Type of CPA Statement: Compilation Review Audit

Basis of Preparation of Statements: Basis of Tax Payments:

Cash	Completed Contract	Cash	Completed Contract
Accrual	% of Completion	Accrual	% of Completion

Florida Law requires that we inform you that any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.

I authorize you to contact the individuals and companies given as references to gather information on the credit, character, capacity, and capital of the company and its employees and owners for bonding purposes.

Signed: _____ Date _____

Title