

**CONTRACTOR'S QUESTIONNAIRE**

**R. A. Brunson, Inc.**

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**Mailing Address:**

P.O. Box 14267

Baton Rouge, LA 70898-4267

**Physical Address:**

2151 Quail Run Drive, Suite A

Baton Rouge, LA 70808

**GENERAL INFORMATION**

Date:

Contractor: \_\_\_\_\_ Type: (Corp/S Corp/LLC etc.)

Mailing Address: \_\_\_\_\_ Tel: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Fax \_\_\_\_\_

License Number: \_\_\_\_\_ License Class: \_\_\_\_\_ Website: \_\_\_\_\_

State Incorporated: \_\_\_\_\_ Date Started: \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Type of Work Performed? \_\_\_\_\_

LEED Experience: If Yes, Number of Projects: \_\_\_\_\_

Geographical Area of Operations: \_\_\_\_\_

Is Company Union: Yes  No  Both

Typically Subcontracted (%): \_\_\_\_\_ Trades Subcontracted (%): \_\_\_\_\_

Number of Employees (excluding Owners)? \_\_\_\_\_

Does Company have any Government Certifications 8(a); HUB Zone etc.? \_\_\_\_\_

**CONTACT INFORMATION**

(Corporate Officers and Key Personnel)

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Email: \_\_\_\_\_ Cell: \_\_\_\_\_

**OWNERS**

(Include Spouses, unless there is a legal matrimonial agreement in effect)

| Full Legal Name<br>(Include Middle Initials) | Marital<br>Status | DOB | Position | % of<br>Ownership | Social Security<br>Number |
|--|-------------------|-----|----------|-------------------|---------------------------|
|  |                   |     |          |                   |                           |
|  |                   |     |          |                   |                           |
|  |                   |     |          |                   |                           |
|  |                   |     |          |                   |                           |

Is there a formal Buy/Sell Agreement in place? (Please provide a copy)

\_\_\_\_\_

If Yes to above, is the agreement funded by life insurance?

\_\_\_\_\_

Has there been any recent change in control of company?

\_\_\_\_\_

Does the company have subsidiary, parent, holding or affiliated companies?  
(If yes give details on a separate sheet.)

\_\_\_\_\_

Do any of the owners have a majority ownership in any other companies?

\_\_\_\_\_

**(If yes to any questions above, please provide documentation)**

**JOB EXPERIENCE**

**Largest Single Job Completed**

Name: Amt: Date:

**Average Single Job Desired**

**Average Aggregate Job Desired**

\$

\$

**REFERENCES**

LIST 3 OWNERS/ARCHITECTS/ENGINEERS WITH WHO YOU HAVE WORKED WITH IN THE LAST 3 YEARS

| NAME | CONTACT | PHONE | EMAIL |
|------|---------|-------|-------|
| 1.   |         |       |       |
| 2.   |         |       |       |
| 3.   |         |       |       |

1.

2.

3.

LIST 3 SUBCONTRACTORS/GENERAL CONTRACTORS WITH WHO YOU HAVE WORKED WITH IN THE LAST 3 YEARS

| NAME | CONTACT | PHONE | EMAIL |
|------|---------|-------|-------|
| 1.   |         |       |       |
| 2.   |         |       |       |
| 3.   |         |       |       |

1.

2.

3.

LIST 3 SUPPLIERS WITH WHOM YOU BUY MOST OF YOUR MATERIAL

| NAME | CONTACT | PHONE | EMAIL |
|------|---------|-------|-------|
| 1.   |         |       |       |
| 2.   |         |       |       |
| 3.   |         |       |       |

1.

2.

3.

**PLEASE LIST THE 3 LARGEST CONTRACTS COMPLETED IN THE LAST THREE YEARS**

1. Job Description:

Contract With: (Owner or GC)

Contact: Phone: Email:

Contract Price: \$ Amount of Profit/Loss: \$

Date Completed:

Comments:

2. Job Description:

Contract With: (Owner or GC)

Person to Contact: Phone: Email:

Contract Price: \$ Amount of Profit/Loss: \$

Date Completed:

Comments:

3. Job Description:

Contract With: (Owner or GC)

Person to Contact: Phone: Email:

Contract Price: \$ Amount of Profit/Loss: \$

Date Completed:

Comments:

|   |                   |             |          |
|---|-------------------|-------------|----------|
| <b>BOND HISTORY</b>   |                   |             |          |
| (List Current and Previous Bonding Companies)   |                   |             |          |
| <b>Name:</b>  |                   |             |          |
| Name:   |                   |             |          |
| <b>GENERAL</b>  |                   |             |          |
| Has company (or any owner) ever defaulted on a contract forcing a Surety to suffer a loss?                |                   |             |          |
| Has your company ever failed to complete a contract?  |                   |             |          |
| Any current disputes on contracts?  |                   |             |          |
| Has company, any affiliated company, or any owner ever been in bankruptcy/receivership?                   |                   |             |          |
| (If yes, give details on a separate sheet.)   |                   |             |          |
| <b>ACCOUNTING</b>   |                   |             |          |
| When is the Company's Fiscal Year End?  |                   |             |          |
| Who Prepares the Company's Financial Statements?  |                   |             |          |
| CPA   | Public Accountant | Tax Service | Internal |
| Name of Accounting Firm:  |                   |             |          |
| Contact Person:   |                   |             |          |
| Tel/Email Address:  |                   |             |          |
| On what method are the Financial Statements prepared?   |                   |             |          |
| Percentage (%) of Completion  | Accrual           | Completed   | Cash     |
| Same Accountant for Tax Returns?  |                   |             |          |
| Does your Office have a full time Accountant?   |                   |             |          |
| Staff accountant professional certifications: CPA <input type="checkbox"/> Other <input type="checkbox"/> |                   |             |          |
| Accounting Software:  |                   |             |          |
| <b>List Annual Gross Sales for last 3 years:</b>  |                   |             |          |
| Year:   | \$                |             |          |
| Year:   | \$                |             |          |
| Year:   | \$                |             |          |
| <b>BANKING</b>  |                   |             |          |
| Name of Bank:   |                   |             |          |
| Address:  |                   |             |          |
| Contact:  |                   |             |          |
| Tel/Email Address:  |                   |             |          |
| Amount of Line of Credit (if applicable):   |                   |             |          |
| Line of Credit Secured by:  |                   |             |          |
| Expiration Date:  |                   |             |          |

I/WE AUTHORIZE R.A. BRUNSON, INC AND/OR THE SURETY TO INVESTIGATE THE INFORMATION PROVIDED ON THIS APPLICATION. WE UNDERSTAND THAT INQUIRIES WILL BE MADE TO VERIFY PAST PERFORMANCE AND CREDIT HISTORY, AND THAT R.A. BRUNSON, INC. AND/OR SURETY WILL ORDER CREDIT REPORTS ON THE COMPANY, ITS OWNERS, OFFICERS AND THEIR SPOUSES.

By: \_\_\_\_\_ Print Name & Title \_\_\_\_\_