

CONTRACTOR'S QUESTIONNAIRE

R. A. Brunson, Inc.

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GENERAL INFORMATION

Contractor: (Legal name as it appears on license) 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:

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Name: Title: Email: Cell:

Name: Title: Email: Cell:

OWNERS

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

Full Legal Name (Include Middle Initials)	Marital Status	DOB	Position	% of Ownership	Social Security 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	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.			

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

NAME	CONTACT	PHONE	EMAIL
1.			
2.			
3.			

LIST 3 SUPPLIERS WITH WHOM YOU BUY MOST OF YOUR MATERIAL

NAME	CONTACT	PHONE	EMAIL
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: _____

Contact Price: \$ _____ Amount of Profit/Loss: \$ _____

Date Completed: _____

Comments: _____

2. Job Description:

Contract With: (Owner or GC)

Person to Contact: _____ Phone: _____ Email: _____

Contact Price: \$ _____ Amount of Profit/Loss: \$ _____

Date Completed: _____

Comments: _____

3. Job Description:

Contract With: (Owner or GC)

Person to Contact: _____ Phone: _____ Email: _____

Contact Price: \$ _____ Amount of Profit/Loss: \$ _____

Date Completed: _____

Comments: _____

BOND HISTORY

(List Current and Previous Bonding Companies)

Name:

Name:

GENERAL

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.)

ACCOUNTING

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 Other

Accounting Software:

List Annual Gross Sales for last 3 years:

Year: \$

Year: \$

Year: \$

BANKING

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 _____