

SBA Contractors Questionnaire \$400,000 Single

I. BUSINESS INFORMATION

Business name: _____

Contact name: _____ E-mail address: _____

Firm address: _____

Phone: _____ Fax: _____

Web site: _____

State of incorporation: _____ Year started: _____

Tax ID: _____ Is your firm union? ☐ Yes ☐ No ☐ Both

Contracting specialty: _____

Geographic area(s) of operation: (Territory) _____

Type of business: ☐ C-Corp. ☐ Sub S. Corp. ☐ Part. ☐ Sole Prop. ☐ LLC ☐ LLP

Employees (# of): Office: _____ Field (min.): _____ to (max.): _____ Current total: _____

Certifications: ☐ 8a ☐ HubZone ☐ SDVOSB ☐ Minority ☐ Woman Owned Other: _____

II. OFFICER INFORMATION

List all Owners, Proprietors, Partners and Officers of the firm (List additional owners on separate pages):

| | | | | |
|----------|-------------------------|-----------------------------|----------------------|------------|
| 1 | Full Name: _____ | Pct. Owned: _____ % | Date of Birth: _____ | SSN: _____ |
| | Position: _____ | Since: _____ | Home Address: _____ | |
| | Spouse Full Name: _____ | Spouse Date of Birth: _____ | Spouse SSN: _____ | |
| 2 | Full Name: _____ | Pct. Owned: _____ % | Date of Birth: _____ | SSN: _____ |
| | Position: _____ | Since: _____ | Home Address: _____ | |
| | Spouse Full Name: _____ | Spouse Date of Birth: _____ | Spouse SSN: _____ | |

Is there a buy/sell agreement among the owners of the business? ☐ Yes ☐ No

Is this agreement funded by life insurance? ☐ Yes ☐ No

III. BUSINESS DETAILS

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, failed to complete a contract, or caused a loss to a surety? If yes, please attach explanation. ☐ Yes ☐ No

Is your firm or any of its owners or officers currently involved in any litigation, or liens/judgments? If yes, please attach explanation. ☐ Yes ☐ No

Percentage of the firm's work for: Government Owners: _____ % Private Owners: _____ % Other Contractors: _____ %

Trades you normally undertake with your own employees: ☐ None ☐ _____

Trades you normally subcontract: _____

Preferred job size range: \$ _____ to \$ _____ Number of jobs at a time: _____

Largest job expected during the next year: _____

Expected annual revenues this current fiscal year: _____ Next fiscal year: _____

XII. LARGEST COMPLETED CONTRACTS (LARGEST FIRST)

| | | | | | |
|---|-----------------------------|--------------------|--------------------------|-----------------------|--|
| 1 | Job Name: _____ | City, State: _____ | Contract Price: \$ _____ | Date Completed: _____ | Bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Contact Name at Firm: _____ | Firm: _____ | Phone: _____ | Email/Fax: _____ | |
| | Project Description: _____ | | | | |
| 2 | Job Name: _____ | City, State: _____ | Contract Price: \$ _____ | Date Completed: _____ | Bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Contact Name at Firm: _____ | Firm: _____ | Phone: _____ | Email/Fax: _____ | |
| | Project Description: _____ | | | | |
| 3 | Job Name: _____ | City, State: _____ | Contract Price: \$ _____ | Date Completed: _____ | Bonded: <input type="checkbox"/> Yes <input type="checkbox"/> No |
| | Contact Name at Firm: _____ | Firm: _____ | Phone: _____ | Email/Fax: _____ | |
| | Project Description: _____ | | | | |

VIII. BANK INFORMATION

Name of Bank: _____ Address: _____

Current Balance: _____ Average Balance: _____ Statement Date: _____

With this bank since: _____ Relationship currently includes: ☐ Deposit accounts ☐ Revolving line of credit ☐ Term loans

Line of credit (LOC) year opened: _____ Amount Available: \$ _____ Line expires: _____

LOC – ☐ Unsecured ☐ Secured By: _____

Other banking relationships: _____

XI. SUBSIDIARIES AND AFFILIATES

Subsidiaries and affiliates of the applicant firm:

| | <u>Firm name:</u> | <u>Ownership/relationship:</u> | <u>Type of business:</u> | <u>FEIN:</u> |
|---|-------------------|--------------------------------|--------------------------|--------------|
| 1 | _____ | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ | _____ |

Previous bonding companies:

| | <u>Name:</u> | <u>Dates:</u> | <u>Reason for leaving:</u> |
|---|--------------|---------------|----------------------------|
| 1 | _____ | _____ | _____ |
| 2 | _____ | _____ | _____ |
| 3 | _____ | _____ | _____ |

IV. SBA INFORMATION (needed for each owner)

Full Name: _____ Company Name: _____
SSN #: _____ U.S. Citizen: YES ☐ NO: ☐
Date of Birth: _____ City of Birth: _____ Country of Birth: _____
Are you currently debarred from doing business with the Federal government? YES: ☐ NO: ☐
Have you ever received SBA assistance under another business name? YES: ☐ NO: ☐
If so (yes), enter name and business: _____
Personal Net Worth: _____ Start Date with Business (MM/DD/YYYY) _____

V. SBA PERSONAL HISTORY QUESTIONS (required by the SBA)

| | |
|----|--|
| 1. | Are you presently under indictment, on parole or probation? Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Have you ever been charged with and or arrested for any criminal offense other than a minor vehicle violation? Include offenses which have been dismissed, discharged, or not prosecuted? (All arrest and charges must be disclosed and explained on an attached sheet) Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 2. | Have you ever been convicted, placed on pretrial diversion, or placed on any form of probation, including adjudication withheld pending probation, for any criminal offense other than a minor vehicle violation? Yes <input type="checkbox"/> No <input type="checkbox"/> |

VI. The below questions are for U.S. Small Business Administration informational purposes only. You are not required to provide this information.

Ethnicity

Hispanic/Latino ☐ Not Hispanic/Latino ☐ Unknown/Not Stated ☐

Race

Black/African American ☐ Asian ☐ White ☐

American Indian/Alaska Native ☐ Native Hawaiian/Other Pacific Islander ☐



SIGNATURES

Applicant(s) hereby authorize the Surety Company and the Agency to make such pertinent inquiry as may be necessary from business and personal credit reporting agencies, financial institutions, persons, firms, and corporations in order to confirm and verify information referred to or listed on this application.

This questionnaire must be signed by an owner or officer of the company for which bonding is being requested.

Name of Firm:

Completed by: _____

Title:

Signature: _____ Date: _____

| | |
|---------------------|--|
| Additional Remarks: | |
|---------------------|--|

Will all owners and their spouses provide full personal indemnification to the surety? ☐ Yes ☐ No (explain below)

Explain:



XVI. SBA Pay.Gov Authorizatoin Form

This information is only needed if you need a Payment and Performance Bond.

Sign and complete this form to authorize Construction Bonds, Inc. a division of Murray Securus to pay the SBA pay.gov fee on your behalf.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Construction Bonds, Inc. a division of Murray Securus
(full name)

to make a payment on my behalf to the SBA in the amount of _____.
(amount)

This payment is for SBA Bond Guarantee Fee (.729% of contract price).

(description of goods/services)

Billing Address

Phone#

City, State, Zip

Email

Pay via Bank Account (ACH)

Account Type: ☐ Business Checking ☐ Business Savings ☐ Pers. Checking ☐ Pers. Savings

Account Holder Name

Account Number

Routing Number

Check Number

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name

Account Number

Expiration Date

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE _____ DATE _____

I authorize Construction Bonds, Inc. a division of Murray Securus to use this authorization form according to the terms outlined above. This payment authorization is strictly for payment to the SBA for .729% of the contract price, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this account information and that I will not dispute the payment with my credit card company or financial institution; so long as the transaction corresponds to the terms indicated in this form.

Pay Via Credit Card (CC) (ex: VISA, Mastercard, American Express, Discover)

