

CONTRACTORS QUESTIONNAIRE

revised 3/00

All questions must be answered. Application will be declined if not complete.

1. Applicant: _____ Agency: _____
Contractor's License #: _____ Check License(s) held: A, B, C _____ (enter C-#'s)
Business Description: _____

How many years has this specific business entity operated under current name? _____

How many total years experience in this type contracting business does current management have? _____

2. Number of Active Owners: _____ Number of Employees: _____ Employee Payroll: \$ _____
Gross Receipts: \$ _____ Total Cost Subcontracted out: \$ _____
Type of Work Subcontracted out: _____

3. Provide the following information on your past 5 Years of Business Operations: (*exclude owner payroll, clerical, sales)

Year	*Total Payroll	Total Cost of Work Subcontracted to Others	Type of Work Subcontracted to Others	Total Receipts
Current Est.				
1 st Prior				
2 nd Prior				
3 rd Prior				
4 th Prior				

4. What percent of your gross revenues over the past 5 years have been derived from your work from:
New Construction: _____% Remodeling: _____% Repair/Maintenance: _____% **(TOTAL MUST = 100%)**

5. What percent of your gross revenues over the past 5 years have been derived from your work as:
Residential Contractor: _____% Commercial Contractor: _____% **(TOTAL MUST = 100%)**

6. What percent of your gross revenues over the past 5 years have been derived from your work as:
General Contractor: _____% Artisan or Sub-contractor: _____% **(TOTAL MUST = 100%)**

7. Indicate percent of your work performed for each description: **(TOTAL MUST = 100%)**
Blasting: _____% Demolition: _____% Grading: _____% Plumbing: _____%
Carpentry-Interior: _____% Drilling: _____% Insulation: _____% Roofing: _____%
Carpentry-framing: _____% Earthquake Retrofit: _____% Masonry: _____% Sewer: _____%
Carpentry-exterior: _____% Electrical: _____% Painting: _____% Welding: _____%
Concrete: _____% Excavation: _____% Plastering: _____% Other: _____%

8. Indicate percent of your operations: Interior: _____% Exterior: _____%

9. During the past 5 years have you performed original framing, window, or door installation work on any Condominiums, Town homes, or Tract / developments of 15 or more unattached single family houses: Yes _____ No _____
Do you anticipate getting involved in any of this type work: Yes _____ No _____

10. What percent of your overall (5 year) gross revenues has been derived from ANY work that was part of the original construction of Condominiums, Town homes, Tract / development homes?: _____

11. During the past 5 years have you performed any work on the following:

	Yes	No
Footings or Foundations:	_____	_____
Slab or monolithic floors:	_____	_____
Chimneys:	_____	_____
Retaining walls:	_____	_____
Underpinning or Piers:	_____	_____

Do you anticipate getting involved in any type of this work:
Yes: _____ No: _____

12. During the past 5 years, have you or your subs performed any work over two stories: Yes _____ No _____
If yes, describe: _____

Any cranes Owned or Rented? Yes _____ No _____ If yes, describe: _____

Comments/Explanations: _____

Applicant's signature: _____ Date: _____

Producer's signature: _____ Date: _____