

25. What trades do you normally subcontract? _____

26. What is the largest amount of incompleted work on hand at on time in the past? _____

Amount \$ _____ Year: _____

27. What is the largest job you expect to do during the next year? \$ _____

28. What is the largest incompleted work program expected during the next year? \$ _____

29. What is your expected annual volume next year? \$ _____

30. What trades do you normally undertake with your own forces? _____

31. SIC CODE: _____

32. Do you lease equipment? Yes No 33. Type of lease? _____

34. What are the terms of the lease? _____

35. Name of your CPA: _____

Address: _____

Phone: _____ Contact person: _____

36. On what basis are taxes paid? Cash Completed Job Accrual %of Completion

37. On what basis are financial statements prepared? Cash Completed Job Accrual %of Completion

38. On what level of assurance are financial statements prepared? CPA Audit Review Compilation

39. How often are financial statements prepared? Annually Semi-annually Quarterly Monthly

40. Do you have a full time accountant on staff? Yes No 41. Yrs. experience _____

42. Are job cost records kept? Yes No

43. How often reviewed? _____ 44. How often updated? _____

45. Do they show job detail? Yes No 46. Frequency? _____

47. Name of your Bank: _____

Address: _____

Phone: _____

48. Amount of line of credit: \$ _____ 49. Expiration date: _____ 50. What is the interest rate? _____ %

51. UCC Filing? Yes No 52. How is credit secured? _____

53. Is your firm union? Yes No 54. What is firm's Dun & Bradstreet Number? _____

55. D&B Rating _____ 56. Pay Record: _____ 57. Date of Rating: _____

58. Previous Bonding Companies:

Name Reason for Leaving

A. _____

B. _____

C. _____

59. List five of your largest contracts:

Job Name Contract Price Gross Profit Completion Date Bonded?

A. _____ \$ _____ _____ Yes No

Owner: _____ Design Professional: _____

- B. Filos Agency Inc. \$ _____ Yes No
 Owner: 814 W. Beech Street Design Professional: _____
Long Beach, NY 11561
- C. Phone 516-897-4546 \$ _____ Yes No
 Owner: Fax 516-897-8920 Design Professional: _____
- D. _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____
- E. _____ \$ _____ Yes No
 Owner: _____ Design Professional: _____

60. List five of your major suppliers:

Name	Address	Telephone	Contact
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

61. List five subcontractors (or contractors if you are a subcontractor) that you do business with:

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- C. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- D. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- E. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

62. List three Architects you have done business with:

- A. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____
- B. Name: _____
 Address: _____ Telephone: _____
 Contact: _____ Job: _____

C. Name: PIOS Agency Inc.
 Address: 814 W. Beech Street Telephone: _____
Long Beach, NY 11561
 Contact: Phone 516-897-4546 Job: _____
Fax 516-897-8920

63. List key personnel, foreman or supervisors:

Name	Position	Yr. of Birth	Yrs. Exper.	Previous Employer
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____
C. _____	_____	_____	_____	_____
D. _____	_____	_____	_____	_____
E. _____	_____	_____	_____	_____

64. List any life insurance in effect on key personnel:

Name	Beneficiary	Amount	Cash Value
A. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
B. _____	_____	\$ _____	\$ _____
Insurance Company: _____			
C. _____	_____	\$ _____	\$ _____
Insurance Company: _____			

65. List other insurance coverage currently in effect:

	Limits in '000's		Carrier	Expiration Date
	BI	PD		
A. General Liability:	\$ _____	\$ _____	_____	_____
B. Auto Liability:	\$ _____	\$ _____	_____	_____
C. Umbrella:	\$ _____	\$ _____	_____	_____
D. Owner's Protection:	\$ _____	\$ _____	_____	_____

66. List any subsidiaries and affiliates of the contracting firm:

Firm Name	Ownership	Type Business	NANDA Code
A. _____	_____	_____	_____
B. _____	_____	_____	_____
C. _____	_____	_____	_____
D. _____	_____	_____	_____
E. _____	_____	_____	_____

REMARKS: _____

Completed by: _____
 Title: _____
 Date: _____