

# GREAT AMERICAN INSURANCE COMPANY

## CONTRACTOR'S ORGANIZATION AND HISTORY

- CORPORATION       LIMITED PARTNERSHIP  
 PARTNERSHIP       PROPRIETORSHIP

Name _____	
Address _____	Contractor's License Number _____
	Federal Tax I.D. _____
Name of Agency _____	Years Handled Account _____

### 1. ORGANIZATION AND BACKGROUND

A. Date Business Formed \_\_\_\_\_ B. Date Incorporated \_\_\_\_\_

C. If SUCCESSOR to Prior Business, Name of Predecessor \_\_\_\_\_

D. List of Officers/Owners and Key Personnel

NAME	POSITION	% OF OWNERSHIP	AGE	DATE OF EMPLOY.	LIFE INS.	INDEMNITY	RESPONSIBILITIES IN ORGANIZATION

*Attach Resumes on each of the above indicating any forms of Ownership, Profit Sharing or Employment Contract in force for them.*

**E. PERPETUATION**

- 1) Buy and Sell Agreement  Yes  No  
 a) **Attach copy** or explain alternative solution. \_\_\_\_\_
- 2) In the event of the owners death, is a plan in effect to complete all uncompleted work?  Yes  No By whom? \_\_\_\_\_

F. Any outside owners or stockholders?  Yes  No If "Yes", please give names and percent of ownership.  
 1) \_\_\_\_\_ % 2) \_\_\_\_\_ % 3) \_\_\_\_\_ %

G. List of Affiliated, Subsidiary or Related Companies in which this Firm or Its Stockholders have an Interest.

NAME AND ADDRESS	STOCK OWNERSHIP	SCOPE OF OPERATIONS	ENDORSEMENT BY PRINCIPAL OR STOCKHOLDERS

**H. Have any Officers/Owners ever:**

- 1)  Failed in business? If checked, give details \_\_\_\_\_
- 2)  Defaulted on a contract? If checked, give details \_\_\_\_\_
- 3)  Caused a Surety to pay a loss? If checked, give details \_\_\_\_\_
- 4)  Currently involved in any litigation? If checked, give details \_\_\_\_\_

**11. INSURANCE**

A.

TYPE	LIMITS	ISSUING COMPANY	EXPIRATION DATE	AGENCY
Fidelity				
Liability				
Workers Compensation				
Fire				
Equipment Floater				

B. LIFE/DISABILITY INSURANCE

TYPE	FACE AMOUNT	CASH VALUE	ON WHOM	TO WHOM PAYABLE	ISSUING COMPANY

C. Name surety company presently providing contract bonds and through which agency. \_\_\_\_\_

D. If change desired by contractor, why? \_\_\_\_\_

E. What company (or companies) was Surety prior to present one? \_\_\_\_\_

**III. SCOPE OF OPERATION**

Type of Construction \_\_\_\_\_ Territory \_\_\_\_\_

A. Work done for: Federal \_\_\_\_\_% Public \_\_\_\_\_% Private \_\_\_\_\_%

B. What percentage of work is as: 1) Prime? \_\_\_\_\_% 2) Sub? \_\_\_\_\_%

C. How much of an average job is: 1) Subbed? \_\_\_\_\_% 2) Material? \_\_\_\_\_%

D. Are bonds required from subcontractors?  Yes  No When? \_\_\_\_\_ On whom? 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_

E. What was largest single job handled in the past? \$ \_\_\_\_\_ Type \_\_\_\_\_ When? \_\_\_\_\_ Estimated gross profit? \_\_\_\_\_%

F. What was largest work on hand handled in the past? \$ \_\_\_\_\_ When? \_\_\_\_\_ Was year profitable?  Yes  No

G. What size jobs and total work program does contractor feel best able to handle? Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

H. Approximately what percent of work requires contract bonds? \_\_\_\_\_%

I. Is this a  union or  non-union contractor?

J. In regard to contractor's equipment:

1) Is equipment adequate for work program desired?  Yes  No Average annual purchases \_\_\_\_\_

2) What expenditures made since last statement? \_\_\_\_\_ Anticipated \_\_\_\_\_

3) Is equipment owned?  Yes  No Leased?  Yes  No Type lease? \_\_\_\_\_

4) Maintenance program?  Yes  No Number of full time mechanics? \_\_\_\_\_ Average annual maintenance cost? \$ \_\_\_\_\_

K. List of Largest Jobs Completed

CONTRACT PRICE	YEAR	TYPE WORK	GROSS PROFIT	NAME AND ADDRESS OF ARCHITECT/ENGINEER	OWNER OR GENERAL CONTRACTOR	DESCRIPTION OF JOB

**III. SCOPE OF OPERATION (Con't.)**

**L. ATTACH "STATUS OF CONTRACTS" (UNCOMPLETED WORK SCHEDULE (FORM F.9663 OR EQUIVALENT) CONCURRENT WITH FINANCIAL STATEMENTS FURNISHED AND CURRENT REPORT, IF FINANCIAL STATEMENT MORE THAN THREE (3) MONTHS OLD.**

THE FOLLOWING QUESTIONS PERTAIN TO THE LATEST ATTACHED UNCOMPLETED WORK ON HAND. EXPLAIN ANY "YES" ANSWERS.

- 1) Any more than 10% low?       Yes     No \_\_\_\_\_
- 2) Are any projects behind schedule?     Yes     No \_\_\_\_\_
- 3) Are there any delays or disputes?     Yes     No \_\_\_\_\_
- 4) Any in penalty?                       Yes     No \_\_\_\_\_

**IV. CREDIT INFORMATION**

A. CREDITORS: List of Suppliers from Whom Contractor Buys Most Materials

NAME	TYPE MATERIAL	TERMS	STREET ADDRESS	CITY AND STATE

CREDITORS: List of subcontractors normally dealt with

NAME	TYPE OF SUB	STREET ADDRESS	CITY AND STATE

B. Bills paid in a discount/prompt manner? \_\_\_\_\_%      30 days slow \_\_\_\_\_%      60 days slow \_\_\_\_\_%

If paying slow, why? \_\_\_\_\_

Any disputes?     Yes     No    If "Yes", give details \_\_\_\_\_

C. Bank

NAME AND ADDRESS	BANK OFFICER	LINE OF CREDIT ESTABLISHED	NATURE OF SECURITY AND/OR NAME OF ENDORSER

D. Unions

NAME AND ADDRESS	CONTRACT DATE	LENGTH	AREA COVERED

V. FINANCIAL DATA

\*\*\*\*ATTACH COMPLETE, LAST THREE (3) FISCAL YEAR-END FINANCIAL STATEMENTS (IF NOT FULL CPA AUDITS, ATTACH SCHEDULES OF ALL BALANCE SHEET ITEMS AS WELL AS UNCOMPLETED WORK ON HAND SCHEDULES)\*\*\*\*

A. What is fiscal year end? \_\_\_\_\_ B. How often are statements prepared? \_\_\_\_\_

C. Name of Accountant: \_\_\_\_\_  
Address \_\_\_\_\_ How long? \_\_\_\_\_

D. If statements are not audits, will one be considered?  Yes  No

E. What method of accounting is used in preparing statements?  
 Completed Contract  % of Completion  Simple Accrual  Other, if checked explain below

F. On what basis of accounting are taxes paid?  
 Completed Contract  % of Completion  Accrual  Cash

G. Have stockholders elected to be considered a "Sub Chapter 'S' Corporation"?  Yes  No

H. In what year was contractor last checked by I.R.S.? \_\_\_\_\_

I. What portion of inventory shown on financial statement is material for jobs in progress? \_\_\_\_\_

J. Who is responsible for: 1) Bookkeeping? \_\_\_\_\_ 2) Estimating? \_\_\_\_\_  
How long with firm? 1) \_\_\_\_\_ 2) \_\_\_\_\_ Done 1)  manually or by  machine Done 2)  manually or by  machine

K. Explain basis and ledgers used in maintaining job cost records \_\_\_\_\_  
How often are they posted? \_\_\_\_\_ Done  manually or by  machine  
How often is job progress reviewed by management? \_\_\_\_\_

L. Have operations been profitable since statement date?  Yes  No If "No", explain below.

M. Have any changes occurred since statement date, such as purchase of fixed assets, loans to officers, investments, withdrawals, or dividends that would significantly affect financial condition of contractor?  Yes  No If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N. Are any changes in scope of operations contemplated?  Yes  No If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_

O. Are any new ventures or investment contemplated?  Yes  No If "Yes", give details \_\_\_\_\_  
\_\_\_\_\_

P. Give signing names, addresses and Social Security Numbers of all indemnitors including spouses:  
1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_  
5. \_\_\_\_\_  
6. \_\_\_\_\_

\*\*\*\*ATTACH PERSONAL STATEMENTS OF INDEMNITORS CONCURRENT WITH FISCAL YEAR-END OF CONTRACTOR\*\*\*\*

Q. Give names of any trusts that may exist and its trustees:  
1. \_\_\_\_\_  
2. \_\_\_\_\_

THE ABOVE ANSWERS ARE TRUE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

COMMENTS: