



PO Box 64016
 St. Paul, MN 55164
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Update Questionnaire

1. Introduction

Legal Business Name (As filed with the Secretary of State) _____

Mailing Address _____

Shipping Address _____

Telephone () _____ Fax () _____ E-mail _____

Type of Organization: _____ Corporation _____ Partnership _____ Sole Proprietorship _____ LLC
 _____ Other (Specify) _____

_____ Union _____ Non-Union What Local(s) _____

If Corporation, have Stockholders elected to be considered a "Sub Chapter 'S'" Corporation? _____

Federal Tax ID # _____ Date Business Founded _____

Date Incorporated _____ State of Incorporation _____

List All Stockholders/Owners and Key Personnel in You Business

Name, Social Security # & Address	Spouses Name & Social Security #	Title/Position	% of Ownership	Date of Birth	Yrs. & Exp. In Const.

Are all Stockholders/Owners actively involved in the business? Yes No If No, Please Explain _____

Are all Stockholders/Owners willing to personally indemnify? Yes No If No, why? _____

Has the Company, any of its owners, or any previous companies, ever filed for bankruptcy? Yes No
 If Yes, when? and why? _____

List Affiliated, Subsidiary or Related Companies in Which This Firm or Its Stockholders/Owners Have Interest

Legal Business Name, Address and Federal ID #	Names of Owners & % of Ownership	Scope of Operations

2. Financial Data

Who is responsible for Bookkeeping? _____ Prepared ___ Manually ___ Computer

How Long with Firm? _____ How Many Year of Experience? _____

Who is Responsible for Estimating? _____ Prepared ___ Manually ___ Computer

How Long with Firm? _____ How Many Year Experience? _____

Is a Buy-Sell Agreement in effect? ___ Yes ___ No If Yes, please Attach a copy

In the event of an Owners death, is a plan in effect to complete all uncompleted work? ___ Yes ___ No

If Yes, Please Describe _____

List Suppliers from Whom You Buy Most of Your Materials

Company Name/Contact Person	Complete Mailing Address	Telephone
1.		
2.		
3.		

3. Scope of Operation

Largest Contracts Completed Within Last 3 Years

Owner or General Contractor and Mailing Address	Contact Person and Phone Number	Contract Amount	Date Completed

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What is your expected annual volume for the coming year? _____ Expected net profit? _____

Provide a brief description and purpose of inventory shown on financial statement _____

Do any financial statements make reference to real estate owned other than buildings used to house the Construction Co? Yes No If Yes, Briefly Describe _____

Have changes occurred since statement date such as acquisition of addition equipment, purchase of fixed assets, loans to officers, investments, withdrawals or dividends that would significantly affect financial constriction of contractor?

Yes No. If Yes, briefly describe _____

Largest Previous Job? \$ _____ Year _____

How Many Projects Do You Normally Have Underway at any one time? _____

What is the largest project your company can handle? \$ _____ -

What sis the largest amount of work on hand that your company can handle? \$ _____

The following questions pertain to the latest uncompleted work on hand. Explain any "Yes" answers.

- Are any more than 10% low Yes No _____
- Are any projects behind schedule Yes No _____
- Are there any delays or disputes Yes No _____
- Any in penalty Yes No _____

How much of your equipment is : Owned _____% Leased _____%

Are any mechanics liens, judgments, lawsuits or claims pending on completed or uncompleted work? Yes No

If yes, give details _____

T.C. Field & Company and its Sureties are authorized to verify any information contained herein, including but not limited to my credit and employment history and to request, obtain and use my credit information on me/us in the processing of my/our application. This document, or any photostatic copy hereof, hereby authorizes any third part to furnish to T.C. Field & Company and its Sureties complete consumer credit reports.

THE UNDERSIGNED CERTIFY THAT TE INFORMATION CONTAINED ON THIS FORM HAS BEEN CAREFULLY REVIEWED AND THAT IT IS TURE AND CORRECT IN ALL RESPECTS.

Date: _____ Firm Name: _____

Sign Here X _____ Printed Name: _____