



WILSON M. BECK INSURANCE SERVICES INC.

#303 – 8678 Greenall Avenue, Burnaby, B.C. V5J 3M6

Phone: (604) 437-6200

Fax: (604) 437-5347



CONTRACTOR'S QUESTIONNAIRE

DATE: _____

1.	Name Of Firm:	Telephone No.:
2.	Address:	Fax No.:
3.	City: _____ Province: _____ Postal Code: _____	E-Mail Address: _____
4.	Type Of Business: <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation	
5.	Class Of Contractor: <input type="checkbox"/> Builder <input type="checkbox"/> Highway <input type="checkbox"/> Heavy Construction <input type="checkbox"/> Subcontractor <input type="checkbox"/> Specialty _____ <input type="checkbox"/> Other _____	
6.	CORPORATE OFFICERS - PARTNERS - PROPRIETOR	
	Name (in full, including middle initials)	Age
		Position
		% of Stock
		Name of Spouse (in full, including middle initials)
7.	Will all of the above and their spouses personally indemnify the Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain.	
	KEY PERSONNEL	
	Complete last page or attach resume of each person, including those listed above, outlining age, principal duties, education, experience, specifying type of work, largest job, positions held and all previous employers.	
8.	Has your firm or any of its Principals ever petitioned for bankruptcy, failed in business or defaulted so as to cause a loss to a Surety? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain fully.	
9.	Is your organization presently involved in any litigation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please explain fully.	
10.	If you have been previously bonded, state the names of the Broker(s), Surety Company(ies), dates and reasons for change.	
11.	List any subsidiaries or affiliated companies - exact name, type of business, ownership and address of any branch offices.	
12.	What type of work do you normally undertake?	
13.	What portion of your work is normally for: Government Agencies _____ % Private Owners _____ %	
14.	In what geographical area?	
15.	On the average, what portion of your work in sub-contracted? _____ % Do you normally require bonds of your Subs? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Explain.	

Proud members of:

• NATIONAL ASSOCIATION OF SURETY BOND PRODUCERS (NASBP)

• B.C. ROAD BUILDING & HEAVY CONSTRUCTION ASSOCIATION (A.C.A.)

• AMALGAMATED CONSTRUCTION ASSOCIATION OF BRITISH COLUMBIA

• INDEPENDENT CONTRACTORS AND BUSINESSES ASSOCIATION OF BRITISH COLUMBIA (ICBA)

31.	LIST 5 SUBCONTRACTORS (Contractors, if you are a Subcontractor) WITH WHOM YOU HAVE WORKED IN THE LAST 2 YEARS		
	Name	Address	Tele. No.
32.	LIST 3 ARCHITECTS OR ENGINEERS WHO HAVE SUPERVISED YOUR WORK IN THE PAST YEAR		
	Architect/Engineer	Address	Owner/Project
33.	LIST ANY "KEY MAN" INSURANCE CARRIED		
	Name	Amount	Issuing Company
34.	LIST OTHER INSURANCE COVERAGES IN EFFECT		
	Coverage	Limits	Issuing Company
35.	What business continuity plans are in place?		
36.	What has been your insurance claims experience over the last 3 years?		
	General Liability?	Auto?	Equipment Floater?
37.	Will Wilson M. Beck Insurance Services Inc. , be offered to quote the other lines of insurance at renewal? <input type="checkbox"/> Yes <input type="checkbox"/> No		
38.	Is your operation: <input type="checkbox"/> Union <input type="checkbox"/> Non-Union		
39.	What size projects and backlog do you feel your organization can undertake?		
	Single Job \$ _____		Total Program \$ _____

Prepared By:	Position:
Signature:	Date:

NOTE: PLEASE PROVIDE YOUR LAST THREE YEAR-END FINANCIAL STATEMENTS AND A CURRENT INTERIM FINANCIAL STATEMENT. IF CERTIFIED AUDITS WERE NOT PREPARED, THE LAST YEAR-END BALANCE SHEET MUST BE SUPPLEMENTED WITH COMPLETE SCHEDULES OF BANKS, ACCOUNTS RECEIVABLE AND PAYABLE, NOTES RECEIVABLE AND PAYABLE, INCLUDING ADDRESSES.

COMPLETE THE ATTACHED "WORK ON HAND" REPORT FORMS. AS OF THE LAST FISCAL YEAR-END AND CURRENT DATE. ALSO, PLEASE SUBMIT A COPY OF YOUR EXISTING INSURANCE PROGRAM.

