



Instructions

The Lender requires that this questionnaire be completed in detail, dated and signed by the general contractor. Please provide complete addresses and telephone numbers where requested.

Borrower(s) Name

General Information

Name of Contractor (exactly as it appears on State Contractor's License)

Business Name (including DBA)

Number of years in business

Business Address

City

State

Zip Code

Business Telephone (area code)

Fax (area code)

Email Address

Business Information

Federal Tax ID Number

State Contractor's License Number

Class(es)

Is your License in good standing?

Yes No - explain on a separate sheet and include with this completed questionnaire.

Have you ever had a Contractor's License revoked?

No Yes - explain on a separate sheet and include with this completed questionnaire.

Name Here

Is your business a Sole Proprietorship?

Sole Proprietor's Name

Years experience in residential construction

Is your business a Partnership?

No change in Ownership Structure

Ownership Changed - Please Update Information Below

Partner Name

Title

Percent Owned

Years experience in residential construction

Partner Name

Title

Percent Owned

Years experience in residential construction

Is your business a Corporation?

No change in Ownership Structure

Ownership Changed - Please Update Information Below

CEO/President

Percent Owned

Years experience in commercial construction

CFO/Controller

Percent Owned

Years experience in commercial construction

Have you, your organization, any officer or partner ever failed to complete a construction contract or failed in a construction related business?

No Yes - explain on a separate sheet and include with this completed questionnaire.

Are you or your organization currently involved in any disputes, lawsuits, judgements, liens or surety claims?

No Yes - explain on a separate sheet and include with this completed questionnaire.

Gross Sales/Projects Completed History

Identify your company's gross sales and number of projects completed for each of the last three fiscal years.

	Year	Gross Sales(\$)	# of Renovation Projects Completed	# of Ground Up New Construction Projects Completed
1.	2020			



Filing your Completed Questionnaire

After signing the Declarations and Authorization to Release Information section which immediately follows these instructions, return this completed questionnaire and any additional attachments to the Lender along with the documents listed below.

Important Note: Your questionnaire cannot be processed without the following documents on file.

- 1. Copy of State Contractor's License
- 2. Copy of Declarations Page of Worker's Compensation Insurance
- 3. Copy of Declarations Page of General Liability
- 4. Copy of valid driver's license
- 5. Valid, completed W-9 form
- 6. List all projects completed within the past 3 years or a minimum of 20 projects, whichever is less.

Please sign and complete the following:

The undersigned hereby declares that the statements made to Lender herein are true and correct, and authorizes Lender to obtain personal and/or business credit information should Lender deem it necessary.

The undersigned has been advised and further authorizes Lender to obtain information concerning the undersigned's past employment, past performance, construction contracts, work history, credit and any other matter which Lender deems relevant and also authorizes, but does not require Lender to disclose any such information to Lender's borrower and/or necessary persons. The undersigned hereby agrees that so long as Lender acts in good faith, Lender and Lender's agents shall be held harmless and shall be indemnified in connection with any claims, suits, actions or the like which relate in any way to said investigation or disclosures.

Individual or Sole Proprietor

Signature	Date
Print Name	Social Security Number

Partnership or Corporation (All listed principals must execute this document and provide Social Security Numbers.)

Authorized Officer Signature	Date
Print Name	Title
Social Security Number	
Authorized Officer Signature	Date
Print Name	Title
Social Security Number	