MAHORSKY GROUP, INC. 2100 QUAKER POINTE DRIVE • QUAKERTOWN, PA 18951 • (215) 536-0253 • FAX: (215) 536-0257

CONTRACTOR'S QUESTIONNAIRE

Contractor								
Address	(name as it is filed with Secretary of State or IRS)							
Address	Street			City			State Zip	
Phone ()		Fa	x () Cell ()_			-	
Federal Tax I.D. #		5) Total # of Employees						
Form of Organization:	□ Corporation □ Partnership □ Proprietorship							
Date Business Formed			Date I	ncorporated				
Designations	□ 8(a)			HubZone	□ SDVOSB	I	□ WOSB	
	□ VOSB			Alaskan Native	☐ Tribal Owned	l b	☐ Hawaiian Native	
	□ Native	America	ın 🗆			ו		
Ownership Detail: (Provi	de resumes))		T	1	1	1	
Name and Residence Address		% Own.	Age	Title / Responsibility	Social Mari		Spouse's Legal Name & SS #	
1)			7.90	, , , , , , , , , , , , , , , , , , , ,				
2)								
3)								
4)								
Has there been any char	nge in owners	hip in the	e past tv	vo years?	□ Yes	□ No		
If yes, please explain								
, , ,				•	t operate as a pare	nt, subsic	diary, holding	
company or affiliate?	□ Yes	□ No	If yes, p	olease explain				
Have provisions been made for continuation of the duties of the owner(s) and an orderly transfer of ownership in the								
	-							
Are there any problems v	vith full corpo	rate and	person	al (including spouse	es) indemnification	by all ow	ners and/or	
affiliates of the company	? □ Yes		No	If yes, please exp	lain _			
	Phone () Federal Tax I.D. # Form of Organization: Date Business Formed Designations Ownership Detail: (Provi Name and Residence A 1) 2) 3) 4) Has there been any char If yes, please explain Is the Company or any or company or affiliate? Have provisions been may event of death or disability Are there any problems of	Address Phone () Federal Tax I.D. # Form of Organization:	Address Street Phone ()	Address Street Phone (Company or affiliate? Street Street Company or affiliate? Yes No If yes, please explain	Address Street City Cell	Address Street City Cell Street Cell Street Cell Corporation Partnership Proprietorship Date Business Formed Date Incorporated Designations Street Corporation Partnership Proprietorship Date Incorporated Date Incorporated Street Corporation Street Corporated Street Corporation Street Corporated Street Corporated Corpor	

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14)	Key Operating Personr	nel: (Provide resumes)		T	T	Γ					
	Name 1)	Position/Responsib	oility	Age	Time in Position	Time in Industry					
	')										
	2)										
	3)										
	4)										
15)	Control and supervision	n of contracts by owner(s) is	performed on a 🗆 Da	aily 🗆 '	Weekly □ Moi	nthly basis					
16)	What class of construc	nat class of construction work does company:									
	A. Generally do										
	B. Specializes in										
	C. At times handle										
17)	What is your geograph	ic area of operation									
18)	What was the largest backlog of contract cost to complete (not contract value) \$										
	Number of Jobs Year										
19)	List the six largest/mos	t important contracts comple	ted in the last five years								
	Owner's Name & Contact Person	Description of Project	Address & Ph	one No.	Contract Amount	Completion Time/Date					
	1)										
	2)										
	3)										
	4)										
	5)										
	6)										
20)	Are bonds required from	 m subcontractors or suppliers	s? □ Yes □ No	If ves ov	er what amount	<u> </u>					
21) 22)	What is the single large	est contract you expect to atte klog of cost to complete you	empt to obtain in the nea	ar future?	°\$						
23)											
24)	_	the equipment necessary to c	·			□ Yes □ No					
	If no, will you be □ bu	ying □ renting □ leasing									
	Anticipated total acquisition cost (including down payment) \$										
	•	le within the next twelve mon	- ,								

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25)	Present or most recent surety						
	Location How long have you used this surety?						
	Largest single contract previously bonded Reasons for change in surety?						
26)	Have you in the past or do you plan to use more than one surety at a time? ☐ Yes ☐ No						
27)	Is collateral currently posed with any other Surety to secure bonds on behalf of your firm? Yes No If yes, please provide details						
28)	Has the company, any affiliate or subsidiary, or any owner(s) or companies in which they have had ownership interest:						
	Ever defaulted on a contract? No If yes, please explain						
	Ever defaulted on a contract forcing the surety to suffer a loss?						
	Ever experienced a bankruptcy? No If so, please explain						
	Been in receivership? ☐ Yes ☐ No If so, please explain						
Been liened I	by a taxing authority(IRS,State,Municipal, Etc.)?						
29)	Are any liens for labor and/or materials filed against your company on any contracts which have been done or are being done by your company? \[\text{ Yes } \text{No } \text{ If so, please explain } \]						
30)	Name of Bank						
•	Address						
	Account Manager Phone						
	With Bank Since Current Line of Credit Amount \$						
	Amount in Use at Time of Application \$						
	Anticipated Additional Amount to be Used in Next 90 days \$						
	Secured by:						
	Corporate Signature ☐ Yes ☐ No Personal Signature ☐ Yes ☐ No Accounts Receivable ☐ Yes ☐ No						
	Inventory □ Yes □ No Other □ Yes □ No Describe:						
	Terms: Rate Repayment Expiration						
	Provide Current Bank Line of Credit Commitment Letter						
	Previous Bank						
	Address						
	Account Manager Phone						
	Term with Previous Bank						

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31)	Have there been any changes in outside accounting firms since your last fiscal year end? ☐ Yes ☐ No If yes, please explain the reason for change							
	If no, how long have you been using the prese	ent firm?						
32)	Are interim financial statements prepared during							
- ,	If yes, how often	•						
33)	Are trial balances prepared monthly?					by whom		
34)	If the company is a corporation, is it a Sub Cha							
35)	Financial statements are prepared by the CPA on the following basis:							
,	□ % of Completion □ Completed Contract □ Accrual □ Cash							
36)	Income taxes are paid on the following basis:					ct □ Accrual □ Cash		
37)	Are corporate and personal taxes of owner(s)		•	-	□ No	If no, please explain		
38)	Does your company act as an indemnitor to a	ny of the f	following:					
	Bank □ Yes □ No	Sure	ety Company	□ Yes	□ No			
	Supplier/subcontractor □ Yes □ No	Othe	er	□ Yes	□ No			
39)	Are any of your accounts receivable or retention	ons assig	ned, pledged,	hypotheca	ted, sold	or discounted other than for		
	your present bank line of credit and bonded contracts or do you plan to do this in the future? ☐ Yes ☐ No							
	If no, please explain							
40)	Give names of principal suppliers/subcontract	ors			1			
	Name of Firm and Contact Addres	s & Phon	е		Materia	I/Service Provided		
	Provide a Current Certificate of Insurance Remarks:							
Th	e following statement must be signed by an owner or office company for which bonding is being requested.	r of the	Completed b	oy:		(print name)		
Lack	nowledge that all information is complete and correct and in	e aiven to	Title:					
I acknowledge that all information is complete and correct and is given to induce the insurance company to execute surety bonds. I understand that follow information may constitute microproportation or fraud. I the								
under	alse information may constitute misrepresentation or fraud. signed, am authorized to allow you to investigate the credit, ormance reference and prior sureties of the company, its en	bank and	Date:					
	and owners for bond purposes.							

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