

D/FW MSDC Bonding Experience Questionnaire



Dallas/Fort Worth
Minority Supplier
Development Council, Inc.
Meaningful Connections. Impactful growth.

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Business Information

Business Name: _____

Please provide exact business name to be listed on your bond

Business Address: _____

Please list FULL address to be listed on your bond

Sole Proprietorship Partnership S Corp C Corp LLC EIN: _____

Effective Date of Business: _____ State of Formation: _____

Work Phone: _____ Cell Phone: _____

Alternate Phone: _____ Fax Number: _____

E-mail Address: _____

Website: _____

Company Specialty: _____

NAICS Codes: _____

% of Work Self-Performed: _____ % of Work Subcontracted: _____

Number of Employees: _____

Owner Information

Please list all owners, partners, stockholders and/or members.

Name: _____ **SSN (last 4 digits only):** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Name: _____ **SSN (last 4 digits only):** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Name: _____ **SSN: (last 4 digits only)** _____

Home Address: _____

Title: _____ % of Ownership: _____

Spouse's Name: _____ Spouse's SSN: _____

Reference Information

Completed Projects - List 5 largest projects completed

Project Title: _____ **Contract Amount:** _____

Obligee Name: _____

Obligee Address: _____

Contact Name: _____ Contact Phone: _____

Date Completed: _____ Bonded? YES NO _____

Reference Information *(continued)*

Project Title: _____ **Contract Amount:** _____
Obligee Name: _____
Obligee Address: _____
Contact Name: _____ Contact Phone: _____
Date Completed: _____ Bonded ? YES NO _____

Project Title: _____ **Contract Amount:** _____
Obligee Name: _____
Obligee Address: _____
Contact Name: _____ Contact Phone: _____
Date Completed: _____ Bonded ? YES NO _____

Project Title: _____ **Contract Amount:** _____
Obligee Name: _____
Obligee Address: _____
Contact Name: _____ Contact Phone: _____
Date Completed: _____ Bonded ? YES NO _____

Project Title: _____ **Contract Amount:** _____
Obligee Name: _____
Obligee Address: _____
Contact Name: _____ Contact Phone: _____
Date Completed: _____ Bonded ? YES NO _____

Prime Suppliers - List 3 prime suppliers

Please list your 3 prime suppliers.

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ E-mail: _____

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ E-mail: _____

Company Name: _____ Contact Person: _____
Address: _____
Phone: _____ E-mail: _____

Historical Information

Has your company ever been declined for bonding? Yes No

Has your company ever failed to complete a project on schedule? Yes No

Is there any litigation or claims pending on completed work? Yes No

