

Contractor Name (as it currently appears on the contractor license): \_\_\_\_\_

Complete Mailing Address: \_\_\_\_\_

Phone: ( \_\_\_\_\_ ) \_\_\_\_\_

Division of Corporations Registration Number: \_\_\_\_\_

DOPL Contractor License Number: \_\_\_\_\_

## CONTRACTOR FINANCIAL REVIEW QUESTIONNAIRE

Answer “yes” or “no” to each question. Do not leave any question unanswered.

1. \_\_\_\_\_ Has the licensee been arrested for, charged with, or convicted of a misdemeanor or felony charge in any jurisdiction during the last 2 years? Motor vehicle offenses such as driving while impaired or intoxicated must be disclosed but minor traffic offenses such as parking or speeding violations need not be listed.
2. \_\_\_\_\_ During the last 2 years has the licensee surrendered or had any disciplinary action taken against the license to practice in a regulated profession?
3. \_\_\_\_\_ Is the licensee currently under investigation or is any disciplinary action pending against the licensee now by any professional licensing agency?
4. \_\_\_\_\_ Do the licensee’s total assets (what is owned) exceed total liabilities (what is owed)?
5. \_\_\_\_\_ Have all state and federal income taxes, payroll withholding, and unemployment insurance premiums been paid as required by law? (Answer “yes” if not applicable.)
6. \_\_\_\_\_ Have all (if any) judgments, liens, taxes, or child support payments been paid as required? (Answer “yes” if not applicable.)
7. \_\_\_\_\_ Has the licensee, while licensed under this license, reported to DOPL all instances of filing for bankruptcy, being subjected to an involuntary petition of bankruptcy, being adjudged bankrupt, or seeking protection under the bankruptcy laws? (Answer “yes” if not applicable.)
8. \_\_\_\_\_ Has continuous general liability insurance coverage of at least \$100,000 for each incident and \$300,000 aggregate been maintained? NOTE: Even if you are not using the license, insurance is still required.
9. \_\_\_\_\_ Has workers’ compensation insurance coverage been maintained as required by law? (Answer “yes” if not applicable.)
10. \_\_\_\_\_ Has any claim paid by the Residence Lien Recovery Fund been reimbursed, in full, as required? (Answer “yes” if not applicable.)
11. \_\_\_\_\_ Is the licensee in good standing with all contractor licensing agencies, with no disciplinary actions taken or pending?
12. \_\_\_\_\_ Has the licensee notified DOPL of every change or loss of its qualifier? (Answer “yes” if not applicable.)

**IF YOU ANSWER “YES” TO QUESTIONS 1-3 OR “NO” TO QUESTIONS 4-12, ATTACH A COMPLETE WRITTEN EXPLANATION.**

Current Business Entity Type: \_\_\_\_\_ (sole-proprietor, corp., partnership, LLC, etc.)

**Submit** current certificate for liability insurance (in name of licensed entity).

**Submit** current workers compensation certificate of insurance if you have employees.

**Submit** list of current owners names, addresses, phone numbers, social security numbers, birth dates, and percentage of ownership (ownership must add up to 100%).

**FINANCIAL INFORMATION:**

Please submit the most recent fiscal year-end or interim period statement (both the balance sheet and the profit & loss/income statement) for the entity and any guarantors. Financial statements can be either in-house or CPA prepared.

If contractor-prepared statements are submitted, please use Division forms.

If CPA prepared statements are submitted, they must include the entire CPA report including all footnotes and cover sheet stating that the statements are CPA compiled, reviewed, or audited.

*(If the financial information submitted is for any person or entity other than the licensed entity you must also submit a signed guaranty form from the proposed guarantor. The following Guaranty Information is not required if the name of the financial information provided is in the same name as the converted entity. )*

Name(s) of any Guarantor(s) whose financial information is used in demonstrating financial responsibility on this

Questionnaire: \_\_\_\_\_

Guaranty Type (corp., individual, etc.): \_\_\_\_\_ Date Guaranty Signed: \_\_\_\_\_

**NOTE:** Financial information that is not the applicant's may not be used unless you have all guarantors sign a DOPL-approved guaranty form. Contact DOPL at (801) 530-6628 or (866) 275-3675 for the correct form.

I, the undersigned, am authorized to sign this Questionnaire on behalf of the applicant. To the best of my knowledge, the information contained in this Questionnaire is free of fraud, misrepresentation, or omission of material fact; is truthful and correct; and discloses conditions regarding the applicant's financial responsibility.

\_\_\_\_\_  
Print Name of Authorized Signer

\_\_\_\_\_  
Title of Authorized Signer

\_\_\_\_\_  
Signature of Authorized Signer

\_\_\_\_\_  
Date Signed

**NOTE:** Save all financial statements, supporting documents (bank statements, etc.), and guaranties used to complete this questionnaire for a minimum of 2 years beyond the license issue date. Information used is subject to audit by the Division.

Submit Application, Supporting Documents, to:

US Mail	Delivery or Express Mail
DOPL PO BOX 146741 Salt Lake City, UT 84114-6741	DOPL 160 East 300 South, 1 <sup>st</sup> floor Salt Lake City, UT 84111

Questions call (801) 530-6628 or toll free in Utah (866) ASK-DOPL