

PRECONSTRUCTION

PROSPECTIVE SUBCONTRACTOR SURVEY

Date:	
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General Information

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Contact Name: _____ Title: _____

Telephone: _____ Fax: _____

E-Mail Address: _____ Website Address: _____

How Many Years Has Your Firm Been In Business? _____

Organized As A:

Corporation
in the State of _____

Partnership

Joint
Venture

Sole
Proprietorship

LLC

Other

List the work your company normally performs with its own forces: _____

Dollar range interested in bidding: Low \$ _____ High \$ _____

Describe geographic areas which you are interested in bidding: _____

Is your company union, open shop, or both? _____

List the labor organizations with which your company is signatory, if any: _____

Disadvantaged Business Utilization

Is your company certified as a DBE? ____ YES ____ NO

If YES, please list certifying agencies: _____

If No, then please give a brief explanation on how your company plans to best utilize DBE contractors on the project:

Safety

Experience Modification Rating last 3 years: Year ____ Rate ____/Year ____ Rate ____/Year ____ Rate ____

OSHA Recordable Incidence Rates last 3 years: Year ____ Rate ____/Year ____ Rate ____/Year ____ Rate ____

Work History

List your 5 largest projects in progress and/or backlog:

Project / Location	Contract Amount	Start Date	End Date	Bonded Yes / No	Owner / General Contractor

List your 5 largest projects completed in the past 5 years:

Project / Location	Contract Amount	Start Date	Bonded Yes / No		Owner / General Contractor

List projects similar to the Subject Project that you have completed in the past 5 years:

Project / Location	Contract Amount	Start Date	Bonded Yes / No		Owner / General Contractor

Provide your annual revenue volume over the past three years and estimate the percent of volume bonded:

Year _____	Year _____	Year _____
\$ Volume _____	\$ Volume _____	\$ Volume _____
_____ % bonded	_____ % bonded	_____ % bonded

Bonding Agent: _____

Contact: _____ Telephone: _____

Surety: _____

Contact: _____ Telephone: _____

Subcontractor
Single Project Limit: _____ **Subcontractor**
Aggregate Limit: _____

Subcontractor
Current available capacity: _____ **Number of years**
with current surety: _____

Provide a list of current references (Credit, Client, and Supplier)