



Doyle Construction Company

Subcontractor/Supplier Questionnaire

Division: _____ Major Task(s): _____

If this form is not filled out in its entirety, you may not be considered as a potential subcontractor or supplier

Company Name: _____ Federal ID# _____ Duns# _____

Union (Yes/No) _____ Phone No.: _____ Fax No.: _____

Mailing Address _____ Street Address _____

City _____ ST _____ ZIP _____ City _____ ST _____ ZIP _____

Estimating Contact: Name _____ Title _____ E-

mail: _____ Phone: _____ Fax: _____

Cell: _____

Other Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

What work does your company perform or what materials can your company supply?

Check type of project your company prefers:

- | | |
|-------------------------------------|---------------------------------------|
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Residential |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Multi-Family |

How many years has your company been in operation? _____

Check the size of Subcontract or Purchase Order your company typically performs:

- | | |
|---|---|
| <input type="checkbox"/> Less than \$100,000 | <input type="checkbox"/> \$100,000 to \$500,000 |
| <input type="checkbox"/> \$500,000 to \$1,500,000 | <input type="checkbox"/> Over \$1,500,000 |

Annual revenue for the last two years:

2021 \$ _____

2020 \$ _____

Name two officers of your company

Name _____ Name _____

Title _____ Title _____

Check your company's area of operations:

Washington, DC

Virginia

Maryland

Southern Pennsylvania

Name Other Areas _____

Can your company:

	Yes	No
Furnish a Payment & Performance Bond?	<input type="checkbox"/>	<input type="checkbox"/>
Qualify as a MBE Contractor?*	<input type="checkbox"/>	<input type="checkbox"/>
Qualify as a WBE Contractor?*	<input type="checkbox"/>	<input type="checkbox"/>
Furnish Material Only?	<input type="checkbox"/>	<input type="checkbox"/>

*MBE-Minor Business Enterprise

*WBE-Women's Business Enterprise

Is your company affiliated with any other company?

Name: _____

Address: _____

Who is your surety company? _____ **Percent of work bonded:** _____

Bonding capacity for a single job? _____ **Aggregate Bonding Capacity?** _____

List your company's insurance limits:

General Liability:	_____	Occ.	_____	Agg.
Auto Liability:	_____	Occ.	_____	Agg.
Excess Liability	_____	Occ.	_____	Agg.
Workmen's Compensation (Statutory)	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

All information requested in this section is required from contractors, subcontractors, and other organizations whose services include providing labor beyond a customer's site.

Provide the following rates for your company for the past three years (including current year):

Year	EMR	Lost-Time Rate*	Recorded Rate**	# of OSHA Citations

*Lost-Time Rate= $\frac{\# \text{ of lost time work related injuries per yr} \times 200,000}{\# \text{ of man hours worked per yr.}}$

** Recordable Injury Rate= $\frac{\# \text{ of work related injuries per yr} \times 200,000}{\# \text{ of man hours worked per yr.}}$

Describe your OSHA Citations (if applicable):

Please complete General Contractor references:

Company	Contact Name	Phone	Email

Please complete Supplier/Credit References:

Company	Contact Name	Phone	Email

Sample Projects

Project Name	Date Completed	Dollar Value of Subcontractor Scope of Work	GC on Project

We certify that all information in this questionnaire and the attachments is true and correct. We hereby authorize Doyle Construction Company and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein. We authorize our financial institutions, prior and existing sureties, customers, creditors, and suppliers to release credit history and other underwriting/qualification information.

Submitted by:

Name	Title
Date	Completely filled out form: Yes <input type="checkbox"/> No <input type="checkbox"/>

PLEASE EMAIL COMPLETED FORM, PLUS A COPY OF YOUR INSURANCE AND CERTIFICATION CERTIFICATES, TO THE ORIGINAL SENDER OF THIS DOCUMENT OR MJAMES@DOYLECONCO.COM