



**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: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Estimating Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

Other Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Cell No.: \_\_\_\_\_

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

Check type of project your company prefers:

Industrial

Residential

Commercial

Multi-Family

**How many years has your company been in operation?** \_\_\_\_\_

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

Less than \$100,000

\$100,000 to \$500,000

\$500,000 to \$1,500,000

Over \$1,500,000

**Annual revenue for the last three years:**

2022 \$ \_\_\_\_\_ 2021 \$ \_\_\_\_\_ 2020 \$ \_\_\_\_\_

**Name two officers of your company:**

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Name: \_\_\_\_\_ 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?

Qualify as a MBE Contractor?\*

Qualify as a WBE Contractor?\*

Furnish Material Only?

\*MBE- Minor Business Enterprise  
\*WBE- Women's Business Enterprise

**Is your company affiliated with any other company?**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

**Who is your surety company?** \_\_\_\_\_ **% 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** **No**

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	List-Time Rate*	Recorded Rate**	# of OSHA Citations

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

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            No**

**Please email completed form, plus a copy of your insurance and certification certificates, to the original sender of this document or [mjames@doyleconco.com](mailto:mjames@doyleconco.com)**