



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 bids@doyleconco.com