

SUBCONTRACTOR QUESTIONNAIRE

Firms Legal Name: _____ Phone: _____

Address: _____ Fax: _____

City/State/Zip: _____ Email: _____

Website: _____ MBE WBE DVBE SBE
(Please attach certificates)

President / Principals: _____

Project Managers / Estimators: _____

Year Founded / Incorporated: _____ State of Incorporation: _____ DIR #: _____

License #: _____ License Type(s): _____ Union / Local Affiliates: _____

Type of Work: T.I. Renovations ADA Upgrades New Construction Prevailing Wage

Public Works Private Schools Residential Other _____

Regions / Counties in which your organization will perform work:

LA County Orange County Riverside County San Diego County

Project Size: \$0 – 50K \$50K - \$150K \$150K - \$250K \$250K - \$500K \$500K + Average

Trade(s): _____

Total Bonding Capacity: _____ Bond Rate: _____

Bonding Company: _____

Bonding Co. Contact / Phone No.: _____

Written Safety Programs: Yes No Safety Violations: _____

Workers Compensation Experience Modification Rating (EMR): _____

*Please attach the insurance provided experience rating form.

Please provide a copy of your Company's current Certificate of Insurance.

ISNetworld Certified? Yes No If yes, please specify client and current grade? _____

Project References:

Project Name: _____ Client: _____

Contact: _____ Phone: _____

Credit References:

Company: _____ Contact: _____ Phone: _____