

Subcontractor Questionnaire

Please complete the following questionnaire and email to est@sdvconstruction.com or fax to (505) 888-8914 along with the following additional items.

1. Current Insurance Certificate
2. M/WBE Certificates if applicable

GENERAL INFORMATION

Company Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____ State: _____ Zip Code: _____
(if different)

Contact Name: _____ E-Mail: _____

Telephone: _____ Fax: _____

Website: _____

Federal Taxpayer ID No: _____ NMCRS No: _____

COMPANY INFORMATION

What year was the company formed: _____

Organized as a (check one):

Corporation General Partnership Joint Venture Proprietorship
S-Corporation Limited Partnership LLC Other

State of Incorporation: _____

List of Owner, Officers and Key Personnel:

<u>Name</u>	<u>Years in Position</u>	<u>Position</u>	<u>% Ownership</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Total Number of Employees: _____

WORK INFORMATION

Work experience (Check all that apply):

- Hotel Hospital Airport Semi-Conductor Interiors
Corporate Build to Suite Retail Multi-Family Industrial
Heavy / Highway Commercial Other

Check your company's area of operation:

- New Mexico Texas Arizona Colorado

List other states doing business in _____

CSI divisions/trades (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> 1 Professional Services | |
| <input type="checkbox"/> 2 General Requirements | <input type="checkbox"/> 9 Finishes |
| <input type="checkbox"/> 3 Site Work | <input type="checkbox"/> 10 Misc. Specialties |
| <input type="checkbox"/> 4 Concrete | <input type="checkbox"/> 11 Equipment |
| <input type="checkbox"/> 5 Masonry | <input type="checkbox"/> 12 Furnishings |
| <input type="checkbox"/> 6 Metals | <input type="checkbox"/> 13 Special Construction |
| <input type="checkbox"/> 7 Woods and Plastics | <input type="checkbox"/> 14 Conveying Systems |
| <input type="checkbox"/> 8 Thermal and Moisture Protection | <input type="checkbox"/> 15 Mechanical |
| <input type="checkbox"/> 9 Doors and Windows | <input type="checkbox"/> 16 Electrical |

Further describe the type of work that your company performs within the above divisions (be specific): _____

Labor Affiliations:

- Union Open Shop Merit Shop Other

Has your company operated under any other name or in any other organization structure in the past 5 years?

Yes No

If yes, please explain: _____

INSURANCE INFORMATION

Insurance Agent:

Agency Name: _____ City: _____

Contact: _____ Phone: _____

Email: _____

Insurance Company(s):

Workers Comp Policy(s):

Company Name: _____

Contact: _____

Phone: _____

Email: _____

CGL Policy (if different):

Company Name: _____

Contact: _____

Phone: _____

Email: _____

Excess/Umbrella Liability Policy (if different):

Company Name: _____

Contact: _____

Phone: _____

Email: _____

Auto Policy (if different):

Company Name: _____

Contact: _____

Phone: _____

Email: _____

FINANCIAL INFORMATION

The Company's internal financial contact:

Name/Title: _____ Phone: _____

Email: _____

BANK INFORMATION

Name the Company's current primary banking relationship

Institution: _____ Contact Name: _____

Location: _____ Phone: _____

How Long? _____

Does the Company maintain a Line of Credit with the bank? Yes No

If Yes, Amount of Line: _____ Expiration/Renewal Date: _____

BOND INFORMATION

What percentage of work is currently bonded? _____% Largest job bonded? \$ _____

Bonding Capacity: Aggregate limit: \$ _____ Single project limit: ? _____

Bonding Agency and Agent:

Agency Name: _____

Contact: _____ Phone: _____

How Long? _____

Current Surety and Underwriter:

Company Name: _____

Contact: _____ Phone: _____

How Long? _____

Prior Surety and Underwriter (if less than 5 years):

Company Name: _____

Contact: _____ Phone: _____

How Long? _____

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers?

Yes No (Give details for any liens over \$5,000)

Has your Company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted or failed to complete on a contract, or been asked to post collateral against a loss?

Yes No (if yes, explain)

Is your Company or any of its Owners or Officers currently involved in any litigation, arbitration, or prosecution or defense of formal claims in connection with any contract, project, or subcontract?

Yes No (if yes, explain and provide details)

Provide owner, general contractor, subcontractor and supplier references (*minimum two (2) each*):

<u>Name of Company</u>	<u>Contact</u>	<u>Phone Number/Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Typical project size:

- <\$50,000 \$50,000 - \$250,000 \$250,000 - \$500,000
 \$500,000 - \$1,000,000 \$1,000,000 - \$2,500,000 >\$2,500,000

Percentage of self-performed work: _____%

Does your company furnish: Labor only Material only Labor & Materials

Please describe the largest three projects completed in the last five (5) years?

Project/Location: _____ CSI Division _____ Contract Amt. _____

Project/Location: _____ CSI Division _____ Contract Amt. _____

Project/Location: _____ CSI Division _____ Contract Amt. _____

Total number of contracts now in progress? _____

Total contract value of current contracts? _____

Annual Revenue the last three years \$ _____ \$ _____ \$ _____

SAFETY AND HEALTH INFORMATION

Provide the following rates for your company for the past three (3) years (including current year):

Year: _____ Year: _____ Year: _____

EMR: _____ EMR: _____ EMR: _____

Lost Time Rate: _____ Lost Time Rate: _____ Lost Time Rate: _____

Lost Time Severity Rate: _____ Lost Time Severity Rate: _____ Lost Time Severity Rate: _____

OSHA Recordable Rate: _____ OSHA Recordable Rate: _____ OSHA Recordable Rate: _____

Has your company received an OSHA citation within the past three (3) years for any reason?

Yes No Number of citations: _____

Describe: _____

Does your company have a written safety plan? Yes No

WE CERTIFY THAT ALL INFORMATION IN THIS QUESTIONNAIRE AND THE ATTACHMENT IS TRUE AND CORRECT. WE HEREBY AUTHORIZE SDV CONSTRUCTION, INC. AND THEIR 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: _____