



Subcontractor Questionnaire

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Thank you for your interest in Bingman Construction Company. We require all prospective subcontractors interested in our projects to fill out this questionnaire. This form is considered confidential and will be used solely by Bingman to determine your company's qualifications.
Please fill out all the requested information and return to bids@bingmancc.com or fax to 636-534-0233.

1. Contractor Information

Business Name (DBA): _____

Business Name (Legal): _____

Mailing Address: _____

Street Address

City

State

Zip Code

Business phone: _____ Business fax: _____

Email: _____ Website: _____

Federal Tax ID Number: _____ States you are licensed in: _____

2. Organizational Information

Business Type: Corporation Partnership Limited Liability Corporation Sole Proprietor

Date of incorporation: _____ State of incorporation: _____

Please check all that apply to your business: SBE DBE MBE WOSB VOSB

Union affiliations (if any): _____

Number of employees that are Union Members: _____ Non-Union Members: _____

Number that are LEED accredited: _____

List all professional and trade licenses: _____

3. Safety

Please provide EMR for the last three years: *Current*: _____ *Prior*: _____ *Previous to Prior*: _____

How many employees are 10-hr OSHA Certified? _____ 30-hr OSHA Certified? _____

Have you had any OSHA fines in the last three years? Yes No

Has your business experienced any on-site fatalities in the last 3 years? Yes No

If you did have fines or fatalities in the last three years, please describe in detail below:



4. Experience

Check all the CSI MasterFormat Divisions your company has experience with:

- | | |
|---|--|
| <input type="checkbox"/> 01 - General Requirements | <input type="checkbox"/> 12 - Furnishings |
| <input type="checkbox"/> 02 - Existing Conditions | <input type="checkbox"/> 13 - Special Construction |
| <input type="checkbox"/> 03 - Concrete | <input type="checkbox"/> 14 - Conveying Equipment |
| <input type="checkbox"/> 04 - Masonry | <input type="checkbox"/> 21 - Fire Suppression |
| <input type="checkbox"/> 05 - Metals | <input type="checkbox"/> 22 - Plumbing |
| <input type="checkbox"/> 06 - Wood, Plastics, Composites | <input type="checkbox"/> 23 - HVAC |
| <input type="checkbox"/> 07 - Thermal and Moisture Protection | <input type="checkbox"/> 25 - Integrated Automation |
| <input type="checkbox"/> 08 - Openings | <input type="checkbox"/> 26 - Electrical |
| <input type="checkbox"/> 09 - Finishes | <input type="checkbox"/> 27 - Communications |
| <input type="checkbox"/> 10 - Specialties | <input type="checkbox"/> 28 - Electronic Safety and Security |
| <input type="checkbox"/> 11 - Equipment | <input type="checkbox"/> 31 - Earthwork |
| | <input type="checkbox"/> 32 - Exterior Improvements |

List your three largest construction jobs in the last five years:

1. Project Name: _____
Owner: _____ Phone: _____
Location: _____
Contract Value: _____ Completion date: _____
General Contractor: _____ Phone: _____

2. Project Name: _____
Owner: _____ Phone: _____
Location: _____
Contract Value: _____ Completion date: _____
General Contractor: _____ Phone: _____

3. Project Name: _____
Owner: _____ Phone: _____
Location: _____
Contract Value: _____ Completion date: _____
General Contractor: _____ Phone: _____



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4. Experience (continued)

What is your average job size? _____

Are there any pending or outstanding judgments, claims, arbitration proceedings or suits against your company, its officers or principals? Yes No

If yes, please provide complete explanation on a separate sheet.

Are there any pending or outstanding judgments, claims, arbitration proceedings or suits against a client or general contractor? Yes No

If yes, please provide complete explanation on a separate sheet.

5. Financial Information

Projected sales volume for the current year: \$ _____

Sales volume for the previous year: \$ _____

Working Capital: \$ _____ Net Worth: \$ _____

Current project backlog: \$ _____ Number of projects: _____

Total Line of Credit: \$ _____ Available Line of Credit: \$ _____

6. Insurance

Does your company provide full or partial health insurance for your workers? Yes No

Please provide the following information:

<u>Insurance Type</u>	<u>Insurance Company</u>	<u>Maximum Limit</u>	<u>Renewal Date</u>
Employers Liability:	_____	\$ _____	_____
General Liability:	_____	\$ _____	_____
Automobile:	_____	\$ _____	_____

Bonding company: _____ Phone: _____

Bonding capacity: \$ _____ Please provide your bonding certificate(s) of insurance.

I hereby certify that all information provided is true, complete and accurate.

Printed Name: _____ Position: _____

Signature: _____ Date: _____