

Subcontractor Questionnaire

I. COMPANY INFORMATION

Full Company Name _____

Street Address _____

City _____ State _____ Zip _____

Telephone No. _____ Fax No. _____ Web Site _____

Person to Contact _____ E-Mail Address _____

Please Attach a copy of the company's W9

How long have you been in business? _____

II. ORGANIZATION

A. Corporation ____ Partnership ____ Sole Proprietorship ____ Other _____

B. State of Incorporation _____ Date _____

C. Percentage of Minority Ownership in Your Firm _____ %

D. Business Classification (See Definitions in Appendix I) The company certifies that it is:

_____ A Large Business Enterprise

_____ A Small Business Enterprise

_____ A Small Disadvantaged Business Enterprise

_____ A Small Women-Owned Business Enterprise

_____ Located in a Labor Surplus area

_____ Service Disabled Veteran Owned Small Business

_____ CVE Certified

_____ Veteran Owned Small Business

_____ 8A Certified

_____ HUBZONE

E. The above company is owned or controlled by a parent company.

Yes _____ No _____

If the answer to the above is "yes" provide the following information:

Full name of parent company _____

Main office physical address _____

City, State, Zip _____

Telephone No. _____

Web Site Address _____

F. List below divisions or subsidiaries of your company:

<u>Name</u>	<u>Location</u>
_____	_____
_____	_____
_____	_____
_____	_____

G. Licenses

Contractor's License No.	State/Province
_____	_____
_____	_____
_____	_____

III. CAPABILITIES

A. What type of work do you perform? _____

B. What Federal Agencies have you worked for?

_____ GSA
_____ Department of Veteran Affairs
_____ Department of Defense
_____ NAVFAC
_____ Army Corp of Engineers
_____ National Park Service
_____ Other

C. Your company operates as a: _____ Union Shop _____ Merit Shop _____

D. Work Mix: State, as a percentage of your total sales volume, the amount of work performed in the following areas:

1. Commercial _____ %
2. Government/Municipal _____ %
3. Industrial _____ %
4. Residential _____ %

E. The work performed in the industrial sector has included work in the following business areas:

_____ Manufacturing	_____ Utility
_____ Petroleum	_____ Chemicals
_____ Steel	_____ Engineering/Construction
_____ Pharmaceutical	_____ Biotechnology
_____ Civil	_____ Hospital
_____ Food & Beverage	_____ Other

F. Of the industrial business areas indicated above, list the clients for whom you have worked:

G. Are you familiar with or have you worked under the requirements established in the Federal Acquisition Regulations (FAR)?

Yes _____ No _____

H. Do you have a written Affirmative Action Plan?

Yes _____ No _____

I. Do you have a small, small disadvantaged and small woman-owned business program in place to address compliance with Public Law 95-507?

Yes _____ No _____

J. Are you willing to travel for work? (Please identify region, states or radius of work area)

K. Do you have a safety program? Yes/No

L. Have you ever been suspended / disbarred from working on federal contracts?

IV. TRADE ASSOCIATIONS

List trade associations with which your organization is affiliated.

V. TRADE REFERENCES

Please list vendors you have worked with in the past.

Company Name: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Credit Limit: _____

Company Name: _____ Contact: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Phone: _____ Fax: _____ Credit Limit: _____

VI. PROJECT HISTORY/PROJECTS COMPLETED

1.	Job Name	Owner	Project CM/GC	CM/GC Contact Info
	Completion Date	Contract Price	City	State
2.	Job Name	Owner	Project CM/GC	CM/GC Contact Info
	Completion Date	Contract Price	City	State
3.	Job Name	Owner	Project CM/GC	CM/GC Contact Info
	Completion Date	Contract Price	City	State

Have you ever at any time failed to complete a contract or had a contract terminated? ____ Yes ____ No
 (If yes, please explain on back)

Have you ever been barred from Bidding ____ Yes ____ No
 (If yes, please explain on back)

Largest Contract Value _____ Average Contract Value _____

List other general contractors you have worked with (Limit 5).

	Company Name	Contact	Title	Phone	Fax	Email
1.						
2.						
3.						
4.						
5.						

VII. SAFETY

This information is confidential and used only to determine the value of safety in your company.

Do you have a written safety plan? If yes a copy may be requested at our discretion. ____ Yes ____ No

Do you conduct a drug/alcohol screening program? ____ Yes ____ No

Do you provide site safety plans? ____ Yes ____ No

Do you retain the services of an outside safety consultant? ____ Yes ____ No

Have you ever been involved on a project that partnered with OSHA Consultation? ____ Yes ____ No

Who is responsible for executing the site specific safety plan? ____ Yes ____ No

Do you hold craft 'toolbox' safety meetings? If yes, how often? ____ Yes ____ No _____

Are craft level employees empowered to stop unsafe acts or stop work? ____ Yes ____ No

If No, please explain why _____

Do you perform incident analyses / accident investigations? ____ Yes ____ No

If Yes, what level of management reviews it? _____

Please attach a copy of last year's OSHA No. 300 Log (if applicable) and use to answer the following questions:

Number of OSHA recordable accidents: _____

Number of lost workday only cases: _____

Number of restricted workday only cases: _____

Employee hours worked in the field last year: _____

Number of fatalities in your company last 10 yrs: _____

VIII. INSURANCE INFORMATION

List Liability Limits below.

A. Auto Liability:

B. Worker's Compensation:

C. Employer's Liability:

D. Umbrella / Excess Liability:

E. Professional Liability:

Please attach a copy of your Certificate of Insurance.

IX. BONDING

Largest single contract ever bonded for your company? _____

Current value of bonded projects for your company? _____

Current Aggregate Bonding Capacity? _____

X. CLAIMS

Are there any judgments, claims, or suits pending or outstanding against you? _____ Yes _____ No

If Yes, please explain:

Are you (or parent company) now, or have you (or parent company) ever been involved in any bankruptcy or reorganization proceedings? _____ Yes _____ No

If Yes, please explain:

Please Mail the
information/questionnaire:

Panacea Group
W746 County Road Vv
Seymour, WI 54165
920-217-1785 (Office)

Or email to:

Keith@pan-gro.com