



E.P. GUIDI, INC.

1301 S. Bethlehem Pike, Ambler, PA 19002
T 215.542.1450 F 215.542.0129

SUBCONTRACTOR QUESTIONNAIRE

Company:

Date:

Address:

Business License No:

Phone:

Federal ID No:

Fax:

Email:

STRUCTURE OF COMPANY

Company Structure:

- Corporation
- Individual
- LLC
- Partnership
- General
- Joint Venture

Primary Scope of Work:

Date of Incorporation: _____

President: _____

State of Incorporation: _____

Vice President: _____

D&B Rating: _____

Secretary: _____

Bonding Capacity (\$): _____

Treasurer: _____

of Office Employees: _____

of Field Employees: _____

Certified MBE? Yes No

States Licensed In: _____

Certified WBE? Yes No

SUBCONTRACTOR'S PRIMARY CONTACT

Name of Subcontractor's Primary Contact: _____

Phone Number of Subcontractor's Primary Contact: _____

Subcontractor's Parent Company (Name & Address): _____

FINANCIAL INFORMATION

Subcontractor's Primary Bank: _____

Bank Account #: _____

Name of Bank Relationship Officer: _____

Phone Number of Bank Relationship Officer: _____

Subcontractor hereby authorizes its primary bank relationship officer to release general information requested as part of the due diligence Financial & Safety Review Process.

Signature and Date: _____

FINANCIAL INFORMATION (Continued)

Average Subcontract Size (units): _____

Average Subcontract Size (\$): _____

Amount of Work Currently Under Contract (\$): _____

Amount of Work Currently Incomplete (\$): _____

Average Gross for the Last Three (3) Years (\$): _____

Maximum Contract/\$Value Capable of Handling (\$): _____

Subcontractor's Bonding Agency: _____

Name of Bank Relationship Officer: _____

Phone Number of Bank Relationship Officer: _____

Fax Number of Bank Relationship Officer: _____

Best Rating: _____

Bonding Capacity – Single Job (\$): _____

Bonding Capacity – Aggregate (\$): _____

Surety's Maximum Federal Register Bond Limit (\$): _____

INSURANCE INFORMATION

Subcontractor's Insurance Agency (Name & Address): _____

Name of Primary Contact: _____

Phone Number: _____

Fax Number: _____

PLEASE INCLUDE A COPY OF YOUR VALID CERTIFICATE OF INSURANCE WHEN SUBMITTING THIS APPLICATION.

SAFETY INFORMATION

Do you have a written Safety Program/Policy? Yes No

Does this Program include Hazard Communication? Yes No

Briefly describe the scope of your Safety Program/Policy or include a copy of the Program/Policy with your submission of this application:

Who enforces your Safety Program? _____

SAFETY INFORMATION (Continued)

List EMR (Experience Modification Rate) for the Last Three (3) Years:

(Most Recent)	(2 nd Most Recent)	(3 rd Most Recent)
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List Contractor’s Frequency Rate (lost-time injuries per 200,000 man hours) for the Last Three (3) Years:

(Current Year)	(Last Year)	(Two Years Ago)
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Any Employee Deaths in the last three (3) years? Yes No
 If yes, please describe or attach information:

Any “Willful” OSHA Citations in the last five (5) years? Yes No
 If yes, please describe or attach information:

How often are safety inspections performed (in-house or by insurance company)?

Who performs the safety inspections in-house?

Are these inspections documented? Yes No

Do you have a substance abuse testing program? Yes No

How frequently do you test for substance abuse?

Please describe your program or attach a copy:

Do you have a standard 100% six (6) foot fall protection policy for all operations? Yes No

What type of Safety Training is given to your employees? Please describe or attach information:

Do you have a company Safety Director? Yes No

Name: _____ Phone Number: _____

LITIGATION INFORMATION

Have you failed to complete any work in the last five years? Yes No

If yes, please provide a brief explanation:

Do you have any current litigation? Yes No

If yes, please provide a brief explanation:

Do you have any outstanding judgments, claims or arbitration? Yes No

If yes, please explain or attach information:

PROJECT EXPERIENCE

Please attach a list of major construction projects your firm has recently completed and has currently in progress. Please include the following information: Name of Project, Location, Owner, Contract Value, Description of Work being Performed, Architect, General Contractor, General Contractor Contact Name and Phone Number, Completion or Anticipated Completion Dates.

TRADE ASSOCIATIONS

Please list all current trade association memberships:

Please list all national and local accredited training programs in which you participate (i.e. safety, trade/craft, management training, etc):

REFERENCES

Please provide three (3) trade references with whom you have worked in the last year.

REFERENCE 1

Company Name: _____
Address: _____

Contact Name: _____
Contact Email & Phone: _____

REFERENCE 2

Company Name: _____
Address: _____

Contact Name: _____
Contact Email & Phone: _____

REFERENCE 3

Company Name: _____
Address: _____

Contact Name: _____
Contact Email & Phone: _____

REFERENCES (Continued)

Please provide three (3) general contractor references with whom you have worked in the last year.

REFERENCE 1

Company Name: _____
Address: _____

Contact Name: _____
Contact Email & Phone: _____

REFERENCE 2

Company Name: _____
Address: _____

Contact Name: _____
Contact Email & Phone: _____

REFERENCE 3

Company Name: _____
Address: _____

Contact Name: _____
Contact Email & Phone: _____

ADDITIONAL INFORMATION

Please share any additional information you would like to submit:

CERTIFICATION SIGNATURE

Signature of Officer: _____

Printed Name: _____
Title: _____
Date: _____