



**J. E. DECKER  
CONSTRUCTION GROUP**

License #: CGC 1522815

## SUBCONTRACTOR QUESTIONNAIRE

Project: \_\_\_\_\_

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Contact Person/ Title: \_\_\_\_\_

Type of Organization (Corporation, LLC, Partnership, Sole Proprietor): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

License # (if applicable, and submit license as attachment): \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

Florida Certified Business Enterprise: If yes, which certification(s)? \_\_\_\_\_

1. CSI Division(s)/ Trade(s): \_\_\_\_\_

2. Years in Trade(s): \_\_\_\_\_

3. Years in business under present name: \_\_\_\_\_

4. Total permanent staff: \_\_\_\_\_

a. Office: \_\_\_\_\_

b. Field: \_\_\_\_\_

5. Average workforce size over last five years: \_\_\_\_\_

6. Current value of work under contract: \$ \_\_\_\_\_

7. Total value of work completed in previous year: \$ \_\_\_\_\_

8. Current value of bonded work: \$ \_\_\_\_\_



**CONSTRUCTION MANAGERS • GENERAL CONTRACTORS**

P.O. Box 358973, Gainesville, Florida 32635

Office: 352.448.1428 | Fax: 888.456.2695 | CGC1522815

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9. Total bonding capacity:
- a. Single project: \$ \_\_\_\_\_
  - b. Aggregate: \$ \_\_\_\_\_
10. Surety company: \_\_\_\_\_
- a. Contact name: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
  - c. Email: \_\_\_\_\_
  - d. How many years with this Surety? \_\_\_\_\_
  - e. Approximate # of bonds they have provided to you? \_\_\_\_\_
11. Insurance company: \_\_\_\_\_
- a. Contact name: \_\_\_\_\_
  - b. Phone: \_\_\_\_\_
  - c. Email: \_\_\_\_\_
  - d. How many years with this Agency? \_\_\_\_\_
12. Number of insurance claims in last five years: \_\_\_\_\_  
Please describe types of claims in detail (if applicable):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
13. Do you have a D&B number and rating? \_\_\_\_\_
- a. If yes, what is your number? \_\_\_\_\_
14. Will all work be performed by employees of this company? \_\_\_\_\_
- a. Name of sub-subcontractor if applicable: \_\_\_\_\_
  - b. Number of past projects completed with sub-subcontractor: \_\_\_\_\_
15. Do you have a documented safety program in place? \_\_\_\_\_
16. Do you maintain a current OSHA 300 Log? \_\_\_\_\_
17. What is your Experience Modification Rate? \_\_\_\_\_
18. Have you been a party to any lawsuits in the past 10 years? \_\_\_\_\_
- a. If so, how many? \_\_\_\_\_
  - b. How many times were you the plaintiff? \_\_\_\_\_
  - c. Are any still ongoing and pending? \_\_\_\_\_
- Note, more information may be requested from your firm if we deem necessary.
19. Ever been assessed Liquidated Damages on any project? \_\_\_\_\_
20. Ever been involved in Bankruptcy or Reorganization? \_\_\_\_\_
21. Ever failed to complete a contract? \_\_\_\_\_

**Please attach separate sheet with description(s) if answering YES to Item 18, 19, 20 and/or 21 above.**



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**22. Three Trade/ CM/ GC references:**

- a. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- b. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- c. Name: \_\_\_\_\_  
Company: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**23. Three recently completed projects:**

- a. Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Contract Value: \_\_\_\_\_  
Owner or GC contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- b. Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Contract Value: \_\_\_\_\_  
Owner or GC contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_
- c. Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Contract Value: \_\_\_\_\_  
Owner or GC contact name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

**24. Does your company require JLA/ Level 2 background checks? \_\_\_\_\_**

- a. If yes, please attach to this questionnaire a list of all current employees who have passed the background check process.
- b. If no, please be advised that you will not be eligible to bid on projects whose Owner sets this as a requirement. This includes, but is not limited to, School Board of Alachua County and University of Florida projects.

**Signature of Qualifying Agent certifying that all information is accurate: \_\_\_\_\_**



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