

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: Check all that apply. Please attach proof of certification.

Minority Business-MBE

Small Business-SBE

Disabled Business- DBE

Veteran Business-VBE

Woman-Owned Business-WBE

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: \$ _____

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.



CONSTRUCTION MANAGERS • GENERAL CONTRACTORS
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www.jedeckerconstruction.com

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, Marion County School Board and University of Florida projects.

Signature of Qualifying Agent certifying that all information is accurate: _____

Please return completed form to info@jedeckerconstruction.com



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