



SUBCONTRACTOR QUESTIONNAIRE

PLEASE COMPLETE CAREFULLY, ATTACH REQUESTED INFORMATION AND SUBMIT DIRECTLY TO:

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PLEASE ATTACH:

- FINANCIAL STATEMENTS FOR PRIOR TWO YEARS
- CURRENT WORK-IN-PROGRESS REPORT
- COPY OF W9
- SURETY LETTER
- 3 YEARS OF OSHA LOGS, EMR RATING AND CERTIFICATE OF INSURANCE
- COPY OF SAFETY PROGRAM
- COPY OF QA/QC PROGRAM

GENERAL INFORMATION

LEGAL COMPANY NAME _____

ADDRESS _____ PHONE # () _____

CITY/STATE/ZIP _____ FAX # () _____

CONTACT NAME: _____ E-MAIL _____

WEBSITE ADDRESS _____

DATE BUSINESS STARTED _____ FEDERAL TAX ID # _____

COMPANY IS A: PROPRIETORSHIP _____ PARTNERSHIP _____ CORPORATION _____ SUB S CORP _____

Other names operated under, parent company, affiliates, subsidiaries (Fill in below)

(PARENT/AFFILIATE/SUBSIDIARY circle one) NAME _____

ADDRESS _____ PHONE # () _____

CITY/STATE/ZIP _____ FAX # () _____

(PARENT/AFFILIATE/SUBSIDIARY circle one) NAME _____

ADDRESS _____ PHONE # () _____

CITY/STATE/ZIP _____ FAX # () _____

OWNERSHIP

NAME/S PERCENT OWNERSHIP & TENURE _____

TOTAL NUMBER OF EMPLOYEES _____ TYPE OF WORK PERFORMED _____

IS YOUR COMPANY A MWBE? YES _____ NO _____ IS YOUR COMPANY: UNION _____ NON UNION _____

PRIMARY GEOGRAPIC REGION _____ PRIMARY MARKET SECTOR(S) FOCUS: _____

BANK INFORMATION

NAME THE COMPANY'S PRIMARY BANKING _____

CONTACT NAME _____ LOCATION _____

PHONE _____ HOW LONG WITH THIS BANK _____

DOES THE COMPANY MAINTAIN A LINE OF CREDIT **ANY** BANK YES _____ NO _____

IF YES, AMOUNT OF LINE _____ AMOUNT CURRENTLY DRAWN _____

CURRENT SURETY

COMPANY NAME _____ HOW LONG _____

BONDING CAPACITY SINGLE JOB LIMIT \$ _____ AGGREGATE LIMIT \$ _____

WHAT PERCENT OF YOUR WORK IS USUALLY BONDED _____% LARGEST BONDED JOB \$ _____

HAS YOUR COMPANY OR ANY AFFILIATED COMPANY OR ANY OF ITS PRINCIPALS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS, CLOSED A BUSINESS, DEFAULTED OR FAILED TO COMPLETE ON A CONTRACT, OR BEEN ASKED TO POST COLLATERAL AGAINST A LOSS? YES _____ NO _____ IF YES, EXPLAIN _____

IS YOUR COMPANY OR ANY OF ITS OWNERS OR OFFICERS CURRENTLY INVOLVED IN LITIGATION, ARBITRATION, OR PROSECUTION OR DEFENSE OF FORMAL CLAIMS IN CONNECTION WITH ANY CONTRACT, PROJECT OR SUBCONTRACT? YES _____ NO _____ IF YES, EXPLAIN _____

WORK INFORMATION

TYPICAL PROJECT SIZE

Less than \$50,000 _____ \$50,000 - \$250,000 _____ \$250,000 - \$500,000 _____
\$500,000 - \$1,000,000 _____ \$1,000,000 - \$2,500,000 _____ \$2,500,000 plus _____

CURRENT WORK

NUMBER OF CONTRACTS IN PROGRESS _____

TOTAL CONTRACT VALUE OF CURRENT JOBS \$ _____ CURRENT BACKLOG \$ _____

LIST THE THREE LARGEST JOBS COMPLETED IN THE LAST FIVE YEARS

PROJECT / LOCATION _____ CONTRACT AMOUNT \$ _____

PROJECT / LOCATION _____ CONTRACT AMOUNT \$ _____

PROJECT / LOCATION _____ CONTRACT AMOUNT \$ _____

LIST THE THREE LARGEST JOBS CURRENTLY IN PROGRESS

PROJECT / LOCATION _____ CONTRACT AMOUNT \$ _____

PROJECT / LOCATION _____ CONTRACT AMOUNT \$ _____

PROJECT / LOCATION _____ CONTRACT AMOUNT \$ _____

GENERAL CONTRACTOR REFERENCES _____

LIST OF CURRENT MAJOR SUPPLIERS / LOWER TIERS

NAME OF COMPANY: _____ SCOPE/SERVICE PROVIDED: _____

CONTACT: _____

NAME OF COMPANY: _____ SCOPE/SERVICE PROVIDED: _____

CONTACT: _____

NAME OF COMPANY: _____ SCOPE/SERVICE PROVIDED: _____

CONTACT: _____

QUALITY & SAFETY

Does your firm have written, formal QA/QC program/ manual? Y/N

Does your firm have written, formal safety program/ manual? Y/N

Are site specific safety plans required for each project? Y/N

Last 3 years EMR ratings (insurance company letter attachment)

20__ : ____ 20__ : ____ 20__ : _____

OSHA LTIR, RIR, fatalities for last 3 years (attach OSHA logs for the last three years)

LTIR: 20__ : ____ 20__ : ____ 20__ : ____

RIR: 20__ : ____ 20__ : ____ 20__ : ____

Fatalities: 20__ : ____ 20__ : ____ 20__ : ____

WE CERTIFY THAT ALL INFORMATION IN THIS QUESTIONNAIRE AND THE ATTACHMENTS IS TRUE AND CORRECT. WE HEREBY AUTHORIZE SURETEC INFORMATION SYSTEMS AND ITS REPRESENTATIVES, TO INVESTIGATE DIRECTLY WITH THE REFERENCES GIVEN HEREIN, ANY INFORMATION PERTAINING TO THE UNDERSIGNED AND/OR THE INDIVIDUALS INVOLVED THEREIN. WE AUTHORIZE OUR FINANCIAL INSTITUTIONS, PRIOR AND EXISTING SURETIES, CUSTOMERS, CREDITORS AND SUPPLIERS TO RELEASE CREDIT HISTORY AND OTHER UNDERWRITING/QUALIFICATION INFORMATION.

SUBMITTED BY:

NAME _____

TITLE _____

DATE _____