

DOSTER Subcontractor / Supplier Prequalification Questionnaire

Date Form Completed: _____

Reviewed By: _____

Legal Company Name: _____
Years in business under
this name: _____

Entered into Sys By: _____

List all the names your firm has
conducted operations: _____

Date Entered: _____

Project Ref: _____
Doster internal use only

Is your firm owned or controlled by a parent or any other organization? Yes No

If yes, please describe on a separate sheet.

Classification: Minority Business Enterprise (MBE) Woman Business Enterprise (WBE) Small Business Enterprise (SBE)
 Disadvantage Business Enterprise (DBE) N/A

Physical Address: _____

Mailing Address: _____

Phone Number: _____ Fax Number: _____

Estimating Contact and
Title: _____ E-mail: _____

Other Contact: _____ E-mail: _____

Web Site Address: _____

Company Structure: Corporation _____ Partnership _____ Sole Proprietor _____ Other _____

Labor Type: Open Shop _____ Union _____ Both _____

Types of Projects: Commercial _____ Industrial _____ Educational _____ Retail _____ Healthcare _____

States you have a current license in,
provide license # _____

Bonding Capacity Single Limit: _____ Bonding Capacity Total Program Limit: _____

Bonding Rate: _____ Largest job bonded to date: _____

Bonding Company: _____ Contact: _____

Bonding Agent: _____ Contact: _____

Doster Construction's Insurance Requirements, check all that your company meets or exceeds (additional coverage may be required on some projects)

General Liability

Bodily Injury \$1,000,000 each
occurrence _____ Automobile \$1,000,000 _____

Bodily Injury \$2,000,000 Aggregate _____ **Umbrella \$4,000,000** _____

Property Damage \$1,000,000 each
occurrence _____ Worker's Compensation _____

Property Damage \$2,000,000
Aggregate _____ Statutory Limits _____

List types of work that apply to the scope(s) performed by your company: _____

List four projects of typical size and complexity that you have completed in the past two (2) years? (please list)

Please attach a list of major projects your firm currently has in progress indicating the project name, location, owner, architect/engineer,
general contractor, contract amount, percent complete, scheduled completion date and contact person with telephone number.

Dunn and Bradstreet Number: _____ Federal ID# _____

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What is your largest project (name and amount) completed to date? _____

What is your largest project (name and amount) currently underway? _____

What is your smallest project (name and amount) currently underway? _____

What was your annual contract volume for the past 3 years? _____

What is your current backlog? _____

Has your company filed bankruptcy during the past 5 years? Yes No

Is there any claim, judgment, litigation or arbitration pending against your company? Yes No
(If yes, please attach a detailed explanation)

Has your surety ever completed one of your projects? Yes No
(If yes, please attach a detailed explanation)

Does your company have a written Quality Control Manual or Quality Control Plan? Yes No If yes, is it available for our review? _____

Does your company have an Environmental Protection Program? Yes No If yes, it is available for our review? _____

Does your company have a written policy against drugs and alcohol? Yes No

Does your company drug test? Pre-employment Post Accident Random

Does your company have a written safety program? Yes No

Company Safety Representative: _____

What is your company's current experience modification rate (EMR) for worker's compensation? _____

What is your company's OSHA incident rate for the past 3 full years?
*(number of recordable accidents/number of hours worked * 200,000)* _____

Provide a list of any OSHA citation or fines for the past 3 years: _____

References

	Company	Contact Person	Phone #
General Contractor:	_____	_____	_____
Trade:	_____	_____	_____
Bank:	_____	_____	_____