

**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:	_____	_____	_____