



SUBCONTRACTOR / VENDOR QUESTIONNAIRE

Return to:

Hoffman Construction Company
805 SW Broadway, Suite 2100
Portland, OR 97205
Tel 503/221-8811 - Fax 503/221-8888
Email: bids@hoffmancorp.com

[] AXIS [] ITB

Sections 1, 2, 3, 4 & 8 required to receive bid invitations.

A completed Questionnaire (all Sections) must be submitted with your bid unless it was submitted in the previous 12 months and there have been no significant changes in ownership or operations.

1. General Information

Name of Business: _____
Street Address: _____
City, State, Zip: _____
Mailing Address: _____
Telephone: _____ Fax: _____
Website: _____
Contact for Bidding: _____ E-mail: _____
E-mail Address for bid invitations (if desired): _____

2. Licenses

Type of License or Number	Federal or State	Number
Federal Employer Identification Number	Federal EIN	
OR Construction Contractors Board License	Oregon (CCB)	
WA Construction Contractors Registration	Washington (L&I)	
Other:		

3. Organization

[] C-Corporation [] S-Corporation [] LLC [] Partnership [] Joint Venture [] LLP [] Sole Proprietor
Where incorporated or formed? _____ Date founded? _____
Previous business names and years operated? _____
Name of parent company, if any, and headquarters location? _____
Other businesses owned or controlled by your firm, its officers or principals? _____
Owners, Officers and Principals:

Name and Title	Years with Company	Percent Ownership

Small Business Concern as defined by the SBA? [] Yes [] No
(Visit www.sba.gov/size for Small Business Size Standards.)

Currently MBE, WBE, DBE, or ESB Certified? [] Yes [] No
Certification number(s) and agency(ies)/other certifications?: _____

4. Legal Information

Has your firm, its officers or principals been involved in any bankruptcy or reorganization proceedings, failed to complete any work awarded to them, defaulted, or had a contract terminated for cause within the last five years?
If yes, explain: _____

HOFFMAN USE ONLY: Date Rec'd: _____

Are there any judgments, claims, lawsuits, arbitration or mediation proceedings currently pending or outstanding against your firm, its officers or principals? If yes, explain: _____

Has your firm, its officers or principals filed any claims, lawsuits, arbitration or mediation proceedings with regard to construction contract within the last five years? If yes, explain: _____

5. Revenue

Projected revenue for this year and next year? 20__ \$ _____ 20__ \$ _____

Revenue for the last three years?

20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Largest individual contract completed in each of the last three years?

20__ \$ _____ Contracted with/Description _____

20__ \$ _____ Contracted with/Description _____

20__ \$ _____ Contracted with/Description _____

Are key supervisory personnel on these projects still with your firm? [] Yes [] No – Attach explanation

Preferred contract size? \$ _____ Current Backlog? \$ _____

6. Experience

✓ **Attach a list of your Current (Work In Progress) major contracts.** Provide project name, location, owner, general contractor, contract amount, scope of work, start date and scheduled completion date. Include contact names and telephone numbers.

✓ **Attach a list of Completed (within last 5 years) major contracts.** Provide project name, location, owner, general contractor, contract amount, scope of work, start date and completion date. Include contact names and telephone numbers.

Contracts with Hoffman within the last five years, if any? _____

Identify contract and building types your firm has worked with:

- Athletic Correctional Cultural/Museum Destination/Hotel Educational
- Government Healthcare High Tech/Labs Industrial Office
- Parking Facilities Renovation Residential Transportation
- Design Assist Design/Build Guaranties Maximum Price

Describe your firm's design and/or in-house engineering capabilities, if any: _____

7. Employees & Labor Relations

Number of Employees:

Current Year & 3 Year Average	Total	Field	Shop	Office
Current Year: 20__				
Average of previous 3 Years				

Labor unions your firm is signatory with, if any? [] None [] Below

Union Name and Local Number	Expires

If non-union, describe your firm's labor acquisition methods and programs: _____

8. Bidding Interest

What work do you normally perform with your own forces? _____

What geographical regions are you interested in bidding? _____

North American Industrial Classification 2002 (NAICS), (e.g., 238210) _____
 (Visit www.census.gov/epcd/naics02/ for Classification)

Mark CSI Codes below to receive Invitations to Bid future work (F to Furnish and/or I to Install)

*		CSI Code	Description	*		CSI Code	Description
F	I			F	I		
		01 45 23	Tests and Inspection			09 64 00	Wood Flooring
		01 74 23	Construction Cleaning			09 65 00	Resilient Flooring & Carpeting
		01 35 53	Site Temporary Security Services			09 66 00	Terrazzo
		02 41 00	Demolition			09 69 00	Access Flooring
		02 45 00	Sawcutting			09 72 00	Wall Coverings
		02 60 00	Contaminated Soils Removal			09 90 00	Painting
		02 80 00	Hazardous Abatement			09 96 00	High Performance/Special Coatings
		03 20 00	Reinforcing Steel			10 11 00	Visual Display Boards
		03 30 00	C-I-P & Structural Concrete			10 14 00	Signage
		03 40 00	Precast Concrete			10 21 00	Metal Toilet Compartments
		04 00 00	Masonry			10 22 00	Operable Partitions
		04 40 00	Stone			10 26 00	Wall and Corner Guards
		05 10 00	Structural Steel			10 28 00	Toilet and Bath Accessories
		05 30 00	Metal Deck & Joists			10 44 00	Fire Extinguishers and Cabinets
		05 50 00	Metal Fabrications			10 51 00	Lockers
		05 70 00	Ornamental Metals			11 13 00	Loading Dock Equipment
		06 10 00	Rough Carpentry			11 23 00	Laundry Equipment
		06 40 00	Finish Carpentry / Arch Woodwork			11 40 00	Food Service Equipment
		06 60 00	Plastic Fabrications			11 52 00	Projection Screens & A-V Equip
		07 10 00	Waterproofing			12 20 00	Window Treatment
		07 21 00	Insulation			12 36 00	Countertops
		07 24 00	Exterior Insulation & Finish System			13 34 00	Metal Building Systems
		07 40 00	Metal Roofing and Siding			14 20 00	Elevators
		07 50 00	Roofing			21 00 00	Fire Suppression
		07 60 00	Flashing & Sheet Metal			22 00 00	Mechanical - Plumbing
		07 70 00	Roof Specialties and Accessories			23 00 00	Mechanical - HVAC
		07 80 00	Fireproofing			23 05 93	Testing, Adjusting and Balancing
		07 84 00	Firestopping			25 00 00	Integrated Automation/Controls
		07 90 00	Sealants & Caulking			26 00 00	Electrical
		07 95 00	Expansion Joint Cover Assemblies			27 00 00	Communications
		08 11 00	Steel Doors and Frames			28 00 00	Safety and Security
		08 14 00	Wood Doors			31 00 00	Earthwork
		08 33 00	Coiling & Overhead Doors			31 60 00	Piling, Shoring, Caissons
		08 40 00	Alum Entrances & Storefronts			32 12 16	Asphaltic Concrete Paving
		08 60 00	Skylights			32 13 00	Site Concrete
		08 71 00	Door Hardware			32 14 00	Unit Pavers
		08 80 00	Glass and Glazing			32 17 00	Pavement Markings & Bumpers
		08 90 00	Louvers and Vents			32 30 00	Fences & Gates
		09 20 00	Lath and Plaster			32 90 00	Landscaping and Planting
		09 20 00	Drywall			33 00 00	Utilities
		09 30 00	Tile				
		09 50 00	Acoustical Ceilings				

What percent of your work do you normally subcontract to others? _____%

What work do you normally subcontract to others? _____

9. Safety

Workers' Compensation Experience Modification Rate (**EMR**) for the last five (5) years?

20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____

If any EMR above is **greater than 1.00**, explain cause and remedial action implemented: _____

Who is responsible for safety at your firm? _____

Their title, qualifications and experience? _____

Do you have a written safety program? _____ Do you require yours subs to have a written safety program? _____

What does senior management do to actively promote your safety program? _____

Any OSHA (Federal or State) Serious, Willful, and/or Repeat violations within last five (5) years? If yes, explain: _____

Any EPA (Federal or State) violations within last 5 years? If yes, explain: _____

Provide the following information (similar to OSHA Form 300A) for the last five (5) years:

Year	Average Number of Employees	Total Hours Worked	Number of Deaths (G)	Number of Cases			Number of Days	
				Days Away from Work (H)	Job Transfer or Restriction (I)	Other Recordables (J)	Days Away from Work (K)	Job Transfer or Restriction (L)

10. References

Banking – Bank Name & Branch _____ Since? _____
 City, State, Zip _____
 Contact Person _____ Telephone _____
 Credit Line Amount \$ _____ Amount Available \$ _____ Expiration Date _____
 UCC Filing? _____ How is credit secured? _____

Bonding – Bonding Company _____ Since? _____
 Surety Broker/Agent _____ Since? _____
 Contact Person _____ Telephone _____
 Bonding Capacity – Per Project \$ _____ Aggregate \$ _____
 Last Bond Issued – Date _____, Amount \$ _____ Type _____, Rate _____ %
 Persons or entities that provide indemnification to Surety _____

Insurance – General Liability Carrier _____ Since? _____
 Insurance Broker/Agent _____ Since? _____
 Contact Person _____ Telephone _____

Dun & Bradstreet – D&B Number _____ D&B Rating _____ Date of Rating _____

Suppliers

A. Supplier Name & Location _____
 Contact Person _____ Telephone _____

B. Supplier Name & Location _____
 Contact Person _____ Telephone _____

C. Supplier Name & Location _____
 Contact Person _____ Telephone _____

Contractors:

A. Contractor Name & Location _____
Contact Person _____ Telephone _____

B. Contractor Name & Location _____
Contact Person _____ Telephone _____

C. Contractor Name & Location _____
Contact Person _____ Telephone _____

11. Financial Information

****** IMPORTANT NOTE******

Provide COMPLETE copy of your firm’s latest Audited or Reviewed year-end Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement, etc.) with Accountants’ Report including all footnotes.

Prequalification and/or evaluation of your firm can not be completed without this information. Access to your firm’s financial information will be restricted to Hoffman personnel directly involved with the prequalification and/or evaluation of your firm.

12. Additional Information

Provide any additional information that you feel will help us determine your qualifications: _____

What plan centers, publications, or other bid information sources does your firm utilize? _____

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects and explicitly authorizes the references identified herein to provide any additional information requested by Hoffman that it may require to complete its prequalification and/or evaluation process.

Company Name: _____

Prepared By: _____ **Title:** _____

(must be an officer or principal of the Company)

Signature: _____ **Date:** _____

Reminders!

- **Have you attached List of Current and Completed Projects? (Section 6)**
- **Have you provide all required Safety Information? (Section 9)**
- **Have you attached COMPLETE Financial Statement including Accountants’ Report with footnotes? (Section 11)**
- **Required explanations, if any?**