

Date: _____

**COMMERCIAL CONTRACTING CORPORATION
SUBCONTRACTOR/VENDOR QUESTIONNAIRE**

A. General Information

Company Name							
First Name		Last Name					
Street Address		City		State		Zip	
P.O. Box		P.O. Zip					
Telephone No.			Fax No.				
E-Mail Address					Dun & Bradstreet #		

B. Organization

Corporation	<input type="checkbox"/>	Small Business	<input type="checkbox"/>
Partnership	<input type="checkbox"/>	Minority Owned Business	<input type="checkbox"/>
Sole Proprietor	<input type="checkbox"/>	Small Disadvantage Business	<input type="checkbox"/>
Limited Liability Corporation (L.L.C.)	<input type="checkbox"/>	Woman Owned Business	<input type="checkbox"/>
Union	<input type="checkbox"/>	Non-Union	<input type="checkbox"/>

C. Bank Reference/Financial Information *Attach a balance sheet for the latest full calendar year.*

Bank Name			
Current Net Worth		Unsecured Line of Credit Limit	

D. Surety Reference/Insurance

Surety Company Name		
Bonding Company Rating		
Bonding Capacity	Single Job:	Aggregate:

E. Insurance

Attach a copy of your insurance certificate.

LIMITS & TYPE COVERAGE

Workmen's Compensation

Bodily Injury & Property Damage

Excess/Umbrella Liability

Automotive Liability

F. Project Information

Annual Dollar Volume for the past three (3) years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

Largest projects in the past three (3) years:

Year: _____ \$ _____ Year: _____ \$ _____ Year: _____ \$ _____

Desired Project Size: Maximum \$ _____ Minimum \$ _____

Attach a listing of recent projects which includes year completed, \$ size, customer, type of work, and location.

Date: _____

Have you ever failed to complete any work awarded to your firm? Yes No
 If yes, please include a letter explaining owner, type of work, location, and circumstances.

G. Activities

On Site Construction Services (Check all that apply)

Earth Work (site preparation, trenching)	<input type="checkbox"/>	Foundations	<input type="checkbox"/>
Steel Erection, Fabrication	<input type="checkbox"/>	Brick and Block work	<input type="checkbox"/>
Windows, Glass, Glazing	<input type="checkbox"/>	Framing and General Carpentry	<input type="checkbox"/>
Mechanical Piping and Equip Setting	<input type="checkbox"/>	HVAC	<input type="checkbox"/>
Instrumentation and Controls	<input type="checkbox"/>	Plumbing	<input type="checkbox"/>
Electrical Power Distribution	<input type="checkbox"/>	Electrical Lighting and Outlets	<input type="checkbox"/>
Roofing	<input type="checkbox"/>	Other	<input type="checkbox"/>
If Other, please Specify			

Shop Manufacturing or Fabrication:

Location(s): _____ Size: _____

Capabilities: _____

Does your firm have AutoCAD capability? Yes No Version of Software: _____

Does your firm have In-House Engineering? Yes No

Total Employees (Entire Company)	_____
Total Home Office Administration	_____
Total Construction Site Personnel	_____

Field Labor used: Union _____ Non-Union _____

H. Quality Management

Does your firm have a Quality Management System (QMS)? Yes No

Is your QMS supported by written procedures? Yes No

Does your firm have an Environmental Management System (EMS)? Yes No

Is your EMS supported by written procedures? Yes No

If you currently have a QMS or EMS in place, what agency / certification guidelines do you operate? (i.e. ISO 9000, 9001, 9002, 14001)

Attach proof of the above along with this prequalification form.

I. Safety

Does your firm have a written Safety Program? Yes No

Does your firm have a full time Safety Director? Yes No

Do you have an Orientation Program for new hires? Yes No

Do you hold regular (non-jobsite) Safety Meetings? Yes No

If yes, how often? _____

Do you hold "Tool Box Talks" for employees? Yes No

If yes, how often? _____

Do you have a training program for new or newly promoted foreman? Date: _____
 Yes No
 If yes, please describe? _____

List the following OSHA Log and Experience Modification Information for the past three (3) years.

OSHA Log Info	20____	20____	20____	*RATES
Total Recordable Cases				
Lost Work Days Cases				
Days Away, Restricted, Transferred Cases (DART) Add columns H & I from OSHA 300 Log				
Lost Workdays				
Total Employee Hours Worked				
Number of Fatalities				
EMR				

* (#incidents) (200,000) / Total Employee Hours Worked

Has OSHA, MIOSHA, or other state run OSHA organization cited you anytime during the last three (3) years? Yes No
 If yes, explain in detail on an attachment to this form.

J. References

Owners / Construction Managers / General Contractors

NAME	CONTACT	TELEPHONE

Suppliers / Sub-Contractors

NAME	CONTACT	TELEPHONE

Authorized Signature: _____ **Title:** _____
Date: _____

Upon completion, please return by fax, email, or mail to:

Commercial Contracting Group
4260 North Atlantic Blvd.
Auburn Hills, Michigan 48326
248.209.0500
248.209.0501 (Fax)
contractorinfo@ccnetwork.com