



Collaborative approach to integrated project delivery

## SUBCONTRACTOR QUESTIONNAIRE

### I. GENERAL INFORMATION

---

Name of Business \_\_\_\_\_ Date \_\_\_\_\_  
Street Address \_\_\_\_\_ Telephone Number \_\_\_\_\_  
City and State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Fax \_\_\_\_\_

Main Contact along with email address: \_\_\_\_\_  
Type of work Company performs: \_\_\_\_\_  
If Firm is web based please provide website \_\_\_\_\_

### II. INFORMATION REGARDING ORGANIZATION AND REFERENCES

---

1. Names of Officers  
President \_\_\_\_\_ Secretary \_\_\_\_\_  
Vice President \_\_\_\_\_ Treasurer \_\_\_\_\_
2. Names of Key Personnel (please attach an organization chart and include email addresses)
3. Date Established \_\_\_\_\_
4. Type of Entity:  
 Partnership  
 Sole Proprietorship  
 Corporation  
 Other \_\_\_\_\_
5. Financial Information (please attach current audited financial statements)
6. Annual Revenues and Annual Net Income (Loss), (List each of the last three years)

Annual Revenues		Annual Net Income (Loss)
Year	Amount	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SUBCONTRACTOR QUESTIONNAIRE (page 2 of 7)**

7. Name and Address of Bank

---

---

---

---

---

Name and Telephone Number of Bank Representative

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

8. Name of Bonding Company \_\_\_\_\_

Name, Address and Telephone Number of Bonding Agent:

Name \_\_\_\_\_

Address \_\_\_\_\_

---

Phone Number \_\_\_\_\_

Bonding Capacity

a. Job \_\_\_\_\_

b. Total \_\_\_\_\_

9. Name and address of Liability Insurance Company

Name \_\_\_\_\_

Address \_\_\_\_\_

---

Name and Telephone Number of Insurance Agent

Name \_\_\_\_\_

Phone Number \_\_\_\_\_

**SUBCONTRACTOR QUESTIONNAIRE (page 3 of 7)**

10. Trade References (name, address and telephone number of at least three references and name of person to contact at each reference)

---

---

---

---

---

11. Jurisdictions in which Licensed to do Business

---

---

---

---

---

12. Trade Affiliations and Working Arrangements

---

---

---

---

---

13. Categories of Work (list percentages):

- a. Distribution Facilities \_\_\_\_\_
- b. Food Processing Facilities \_\_\_\_\_
- c. Industrial Facilities \_\_\_\_\_
- d. Justice Facilities \_\_\_\_\_
- e. Educational Facilities \_\_\_\_\_
- f. International Projects \_\_\_\_\_
- g. Other \_\_\_\_\_

**SUBCONTRACTOR QUESTIONNAIRE (page 4 of 7)**

14. Type of work experience over the last 3 years (list percentages):

- a. Negotiated \_\_\_\_\_
- b. Design / Build \_\_\_\_\_
- c. Bid Plans & specifications \_\_\_\_\_
- d. Other (list) \_\_\_\_\_

15. Minimum and Maximum Dollar Volume of Assignments Preferred and Capable of Being Undertaken

Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

16. Does your Firm have and comply with Affirmative Action and Equal Opportunity Employment Programs?

---

---

---

17. Is the Firm Certified as a minority Business?  Yes  No

If so, what type?

- MBE  WBE  SBE  DBE  DVBE

and what % \_\_\_\_\_

and who is the Certifying Agency(s) \_\_\_\_\_

**III. EXPERIENCE**

---

1. Most Significant Assignments Undertaken in Last Three Years

---

---

---

2. Claims, Judgments, Arbitration Proceedings and Litigation (please attach a brief description of all such matters pending or outstanding within the last three years)

---

---

---

**SUBCONTRACTOR QUESTIONNAIRE (page 5 of 7)**

**V. SAFETY**

---

1. Experience Modification Rating (EMR):

(This is an annual safety rating of how a specific subcontractor compares to other subcontractors, in the same type of subcontracting. Subcontractor should have this rating, since it is provided by his insurance company).

Show your EMR/s as applicable for this current year and for the last two (2) years, as follows:

This Year                      Last Year                      Year Before  
 EMR for      \_\_\_\_\_                      \_\_\_\_\_                      \_\_\_\_\_

2. Accident Experience:

Summarize the data shown on your OSHA Form 300 for all construction related (not shop) injuries for year-to-date and for last two year. All jobs.

	Previous Three Years	This Year	Year 2	Year 3
A	Yearly Employee Hours			
B	Total Number of Lost Workday Cases and Restricted Workday Cases (Column H plus I of OSHA 300 Log)			
C	Number of Lost Workday Cases (Column H of OSHA 300 Log)			
D	Total Number of Lost Workdays (Column K of OSHA 300 Log)			
E	Total Number of Restricted Workdays (Column L of OSHA 300 Log)			
F	Number of Medical Only Recordable Cases (Column J of OSHA 300 Log)			
G	Total Number of Fatalities			
H	Total Number of Recordable Injury/Illness Cases (B+F+G)			
I	Total Recordable Incidence Rate (H x 200,000/A)			
J	Lost Workday Incidence Rate (C x 200,000/A)			

List construction related injury incidence rates for year-to-date and for last year:

Rate = Number of injuries x 200,000 divided by Total Manhours worked

Severity = Number of lost days x 200,000 divided by Total Manhours Worked

**SUBCONTRACTOR QUESTIONNAIRE (page 6 of 7)**

Have you experienced any construction fatalities within the past three (3) years?

Yes  No

If yes, attach a full discussion of cause and results.

---

---

---

Have you received an OSHA (or State OSHA) citation with the last three (3) years?

Yes  No

If yes, attach a full report on events and results.

3. Safety Program

Do you have a written Safety Program:  Yes  No

Have you conducted Safety training  Yes  No

Please describe:

---

---

---

4. Process Safety Management:

Do you have experience working on or around process systems which contain:

	Yes	No
Ammonia	<input type="checkbox"/>	<input type="checkbox"/>
Any other material listed in 29CFR1910.119, Appendix A (If so, please list below)	<input type="checkbox"/>	<input type="checkbox"/>
Any flammable material process covered by 29CFR1910.119	<input type="checkbox"/>	<input type="checkbox"/>

**SUBCONTRACTOR QUESTIONNAIRE (page 7 of 7)**

**THE UNDERSIGNED COMPANY ACKNOWLEDGES THAT ONE SOURCE FACILITY SOLUTIONS WILL RELY ON THE INFORMATION CONTAINED IN AND/OR ATTACHED TO THIS SUBCONTRACTOR QUESTIONNAIRE AND HEREBY WARRANTS AND REPRESENTS TO THE ONE SOURCE FACILITY SOLUTIONS THAT THE INFORMATION CONTAINED IN AND/OR ATTACHED TO THIS SUBCONTRACTOR QUESTIONNAIRE IS TRUE AND CORRECT.**

Name of Business\_\_\_\_\_

By\_\_\_\_\_

Title\_\_\_\_\_

**You may email the completed form to: [jim.ashworth@onesourcefacilitiesolutions.com](mailto:jim.ashworth@onesourcefacilitiesolutions.com), fax it to (770) 437-3935, or**

**You may mail the completed form to:**                   **ONEsource Facility Solutions, Inc**  
**2233 Lake Park Drive, Suite 205**  
**Smyrna, GA 30080**  
**Attention: James F. Ashworth**