

SUBCONTRACTOR / VENDOR QUESTIONNAIRE

Return to:

Clark Construction, LLC 355 Ericksen AVE NE Bainbridge Island, WA 98110 Tel 206.842.5450 - Fax 206.842.3895

Email: <u>bids@clarkconstruct.com</u> or clarkconstructionllc@clarkconstruct.com

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.

	General Information Name of Business:									
	Street Address:									
C	City, State, Zip:									
Ma	iling Address:									
	ephone:									
We	ebsite:									
Co	ntact for Bidding:	E-mail:								
E-n	nail Address for bid invitations (if desired):									
2.	Licenses									
	Type of License or Number	Federal or Stat	e	Number						
	Federal Employer Identification Number									
	WA Construction Contractors Registration	Washington (L&	(1)							
	Other:									
Wh Pre Na Oth	Organization C-Corporation [] S-Corporation [] LLC [] Partnershinere incorporated or formed?	Date founded?								
	Name and Title		Years with Company	Percent Ownership						
				1						

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 fiveyears? If yes, explain:



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.	Reve	enue								
Proj	Projected revenue for this year and next year? 20 \$ 20 \$									
		for the <u>last three years</u> ?								
2	0	\$	20 \$	20 \$						
Larg	est in	ndividual contract completed in	each of the last threeyears?							
20	_	\$	Contracted with/Description							
			Contracted with/Description							
			Contracted with/Description							
	•	. , ,	projects still with your firm?[] Yes [] No – Att	•						
size? \$Current Backlog? \$										
6.	Ехре	erience								

- ✓ 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 Clark Construction, LLC within the last five years, ifany?

7. Employees & Labor Relations

Number of Employees:

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



8. Bidding Interest

Do you use or do you have experience using Procore?

What work do you normally perform with your ownforces?

What geographical regions are you interested inbidding?

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

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

		CSI	Description			CSI	Description
F	ı	Code	·	F	ı	Code	·
-	-	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			

-	ercent of your wo	-		-	act to others	?	%		
9. Sa	fety								
Worker	s' Compensation	Experienc	e Modif	fication Rate	e (EMR) for th	e last five (5) yea	rs?		
20	EMR:	20 E	MR:	20	D EMR: _	20	_ EMR:	E	MR:
If any E	MR above is grea	ter than 1	. .00 , exp	olain cause a	and remedial	actionimplemen	ted:		
Do you	have an active sa	fety progr	ram?						
	responsible for sa								
What d	oes senior manag	gement do	to pro	mote safety			_		
Any OSI	HA (Federal or St	ate) Seriou	us, Willf	ul, and/or R	epeat violati	ons within last fiv	e (5) years? If ye	s, explain:	
•	A (Federal or Stat	•		•		-			
Provide	the following in	formation	(like O	SHA Form 3	00A) for the	last five (5) years	:	1	
						Number of Case	·s	Numb	er of Days
				Number	Days	Job Transfer	Other	Days	Job Transfer
	Average	То	tal	of	Away	or	Recordables	Away	or
Year	Number of	Hou	ırs	Deaths	from	Restriction		from	Restriction
	Employees	Wor	rked		Work			Work	
				(G)	(H)	(1)	(1)	(K)	(L)
10. Re	ferences								
		Branch						Since?	
	te, Zip								
Contact	Person					Telephon	e		
Credit L	ine Amount \$			Amount	Available \$		Expiration	n Date	
UCC Fili	ng?			How is c	redit secured	?			
Bondin	g – Bonding Com	oanv						Since?	
	Broker/Agent								
						Telephor			
Bonding	g Capacity – Per P	roject \$				Aggregat	e\$		
Last Bo	nd Issued – Date_		,	Amount \$_		Type		, Ra	te%
Persons	or entities that p	provide ind	demnifi	cation toSu	ety				
Insuran	ce – General Liab	ility Carrie	er					Since?	
						Telepho			



Suppliers	
A. Supplier Name & Location	
Contact Person	Telephone
B. Supplier Name & Location	
Contact Person	Telephone
C. Supplier Name & Location	
Contact Person	Telephone
11. Additional Information	
Provide any additional information that you feel will help u	ıs determine your qualifications:
,	
What plan contars publications are athor hid information s	courses does your firm utilize?
What plan centers, publications, or other bid information s	ources does your firm utilize?
The undersigned warrants and represents that the inform	nation provided herein is complete and accurate in all respects
and explicitly authorizes the references identified herein Construction, LLC that it may require to complete its pred	to provide any additional information requested by Clark
Construction, LLC that it may require to complete its pret	qualification and/or evaluation process.
Company Name:	
Prenared Rv	Title:
	(must be an officer or principal of the Company)
Signature:	Date:
Domindons	
Reminders!	
 Have you attached List of Current and Completed Pr 6) 	ojects? (Section

 Have you provided <u>all</u> required Safety Information? (Section 9)