



Subcontractor Questionnaire

CONTACT INFORMATION

Company's Legal Name: _____

Mailing Address: _____

Street Address: _____

Phone: _____ Fax: _____

Website: _____

Estimating Contact: _____ Title: _____

Email Address: _____ Age of Company: _____

BUSINESS STRUCTURE

Is your Firm owned or controlled by another organization Yes No If yes, please enter parent company: _____

Are you part of a Union Yes No _____

List of trades normally performed with own forces: _____

Total number of Employees: _____

What % of work is normally subcontracted? _____ Description of Work Subcontracted: _____

List geographical areas in which you work: _____

REFERENCES

<u>Company</u>	<u>Contact Name</u>	<u>Contact Phone#/Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____