



CONTRACTOR SURVEY

1. GENERAL INFORMATION

Sole Proprietorship Partnership

a. _____
Name of Firm

Corporation Sub-S Corp

Address

Year organization began operation: _____

City State Zip

(____) _____ (____) _____
Telephone Number Fax Number

Email _____

b. Corporate Officers-Partners-Proprietorship

<u>Name</u>	<u>Age</u>	<u>Position</u>	<u>% of Ownership</u> <u>Partnership</u>

c. Type of work your firm specializes in: _____

Commercial? _____ Residential? _____ Industrial? _____

d. Drug Free Workplace: Yes _____ No _____

e. Corporate Drug Policy: Yes _____ No _____

f. Written Safety Program: Yes _____ No _____

g. Do you subcontract work to others? Yes _____ No _____

If "yes", do you utilize a written subcontract? Yes _____ No _____

h. List the geographic areas (states) where your firm is licensed to do business: _____

2. FEDERAL/STATE BUSINESS CERTIFICATIONS

a. Certified Minority Business Enterprise: Yes ____ No ____ Date/City/State of Certification _____

b. Certified Woman Business Enterprise: Yes ____ No ____ Date/City/State of Certification _____

c. State License Number (Type and #): _____

3. HISTORY - JOB EXPERIENCE

- a. Can you provide a Performance and Payment Bond? Yes ____ No ____
If "Yes", who is your Surety Agent and Surety Company? _____
- b. What is your largest bonded project? \$ _____ What is your largest unbonded project? _____
- c. What is your current backlog \$ _____
- d. What is the largest number of employees you have had on a payroll? _____
- e. What is the number of employees you have on the payroll at this time (incl. yourself)? _____
- f. List below three (3) largest jobs completed in the past three (3) years.

1.	_____	_____	_____
	Job Name	Person to Contact	AC/Phone No.
	_____	_____	_____
	Amount of Contract	Work Performed	
2.	_____	_____	_____
	Job Name	Person to Contact	AC/Phone No.
	_____	_____	_____
	Amount of Contract	Work Performed	
3.	_____	_____	_____
	Job Name	Person to Contact	AC/Phone No.
	_____	_____	_____
	Amount of Contract	Work Performed	

4. REFERENCES (List three (3) of your major suppliers.)

	Name	Address (include zip)	AC/Phone No.
a.	_____	_____	_____
b.	_____	_____	_____
c.	_____	_____	_____

5. INSURANCE INFORMATION

- a. Does your firm carry Workman's Compensation Insurance? Yes ____ No ____
Experience Modification Rate (EMR): _____
- b. Does your firm carry General Liability Insurance? Yes ____ No ____
- c. Does your firm carry Commercial Auto Insurance? Yes ____ No ____
- d. Does your firm carry an Umbrella Coverage? Yes ____ No ____

5. INSURANCE INFORMATION (Continued)

e. Insurance Company Agencies for the above coverage :

<u>Name/Contact</u>	<u>Address (include zip)</u>	<u>AC/Phone No.</u>
W/C _____	_____	_____
GL _____	_____	_____
Auto _____	_____	_____
Umbrella _____	_____	_____

The undersigned hereby represents that the statements, declarations, and answers contained in the foregoing survey are true and correct, and further agrees that any material omission of fact, misstatement, misrepresentation or fraud in the completion of this survey shall serve as grounds for the cancellation of any subcontract that may be awarded to the undersigned by Providence Builders.

Providence Builders is hereby authorized to investigate the references listed pertaining to credit and financial responsibility.

Signed this _____ day of _____, 20_____

Name of Company

By: _____

Title: _____

Please return this form to:

Providence Builders
199 Franklin Plaza Drive
Franklin, NC 28734
Attention: Neil Enloe

Telephone No. (828) 349-5920
Fax No. (828) 349-5722