



Has your Company ever failed to complete, or been terminated on a contract? YES NO

If YES, please explain below. Attach additional sheets if necessary:

Is your Company signatory to labor agreements? YES NO

If YES, please provide renewal dates as well as a copy of the most recent certificate:

Union _____
Local _____
Renewal Date _____

Is your Company a certified Small Business? SBE MBE WBE VBE SVBE Section 3

If YES, please attach Certification to Questionnaire -

2. FINANCIAL INFORMATION

Can your Company provide a payment and performance bond if required? YES NO

Please attach a letter from your Surety stating aggregate bonding capacity and single contract limit.

Aggregate Bonding Capacity \$ _____
Single Contract Limit \$ _____

Indicate size of your average contract size:

- <\$500,000
- \$500,000 - \$2,000,000
- \$2,000,000 - \$5,000,000
- +\$5,000,000

Present value of work under current contract(s): \$ _____

3. SCOPE OF WORK

Please check all that apply:

- | | | | |
|---------------------------------|---------------------------------|---------------------------------|------------------------------|
| <input type="checkbox"/> 010000 | General Requirements | <input type="checkbox"/> 130000 | Special Construction |
| <input type="checkbox"/> 020000 | Existing Conditions | <input type="checkbox"/> 140000 | Conveying Systems |
| <input type="checkbox"/> 030000 | Concrete | <input type="checkbox"/> 210000 | Fire Suppression |
| <input type="checkbox"/> 040000 | Masonry | <input type="checkbox"/> 220000 | Plumbing |
| <input type="checkbox"/> 050000 | Metals | <input type="checkbox"/> 230000 | Mechanical |
| <input type="checkbox"/> 060000 | Woods, Plastics, Composites | <input type="checkbox"/> 250000 | Integrated Automation |
| <input type="checkbox"/> 070000 | Thermal and Moisture Protection | <input type="checkbox"/> 260000 | Electrical |
| <input type="checkbox"/> 080000 | Doors & Windows | <input type="checkbox"/> 270000 | Communications |
| <input type="checkbox"/> 090000 | Finishes | <input type="checkbox"/> 280000 | Electronic Safety & Security |
| <input type="checkbox"/> 100000 | Specialties | <input type="checkbox"/> 310000 | Earthwork |
| <input type="checkbox"/> 110000 | Equipment | <input type="checkbox"/> 320000 | Exterior Improvements |
| <input type="checkbox"/> 120000 | Furnishings | <input type="checkbox"/> 330000 | Utilities |

Please provide CSI or work performed on the lines below:



4. PROJECT EXPERIENCE

Please provide at least (4) four Project Experiences, similar to the work you are bidding on with SierraCon, that your Company has completed within the past (10) ten years.

Provide Project Name, Type, Size and Location; Contract Value; Owner Information; and Date Completed:

Name/Type/Location/Size	Contract Value	Owner Information	Date Completed
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Provide Multiple References for each project listed:

Project Reference	Company Name	Contact Name & Title	Contact Phone
Suppliers:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
General Contractors:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Architects:			
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5. SAFETY

Do you have a qualified person responsible for safety within your Company? YES NO

Does this person do safety inspections on all of your projects? Frequency_____ YES NO

Do you have a written Company Safety Policy and Program? YES NO

Do you have a 100% Fall Protection Program? YES NO

Can you provide a site-specific program addressing the fall hazards in your work? YES NO

Do you require documented safety meetings for your employees?

Field Supervisors YES NO Frequency_____

New Hires YES NO Frequency_____

Employees YES NO Frequency_____

Subcontractors/Vendors YES NO Frequency_____

Does your Company set annual safety goals? YES NO

Does your Company offer safety incentives to employees? YES NO



Does your Company provide safety training for all employees?

YES NO

If YES, please list training provided:

Has your Company received any OSHA safety violations within the past (5) five years? YES NO

If YES, please provide Project Name, Dates, and a Description of the Violation:

Project Name	Date of Violation	Description of Violation
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Does your Company have a disciplinary program in place for safety violations? YES NO

Does your Company review the safety management systems of your Subcontractors? YES NO

Does your Company conduct accident/incident investigations? YES NO

Has your Company had any onsite deaths occur within the past (5) five years? YES NO

If YES, please provide a brief description of the circumstances below:

List your Company's Workers' Compensation Interstate/Intrastate Experience Modification Rate for the most recent (3) three years.

Please attach a letter from your insurance carrier or state fund (on their letterhead) verifying the EMR data -

Year []	Year []	Year []
<hr/>	<hr/>	<hr/>

6. INSURANCE

List your Company's Liability Insurance current rates.

If required, provide a Proof of Insurance Certification from your insurance carrier -

General Liability:	Each Occurrence	\$ <hr/>
	Aggregate	\$ <hr/>
Worker's Compensation:	Each Occurrence	\$ <hr/>
Umbrella Liability:	Each Occurrence	\$ <hr/>
	Aggregate	\$ <hr/>

Please provide your Company's Insurance Company's information:

Company Name:

Company Address:

Contact Name:

Contact Phone/Email:
