



SUBCONTRACTOR / VENDOR QUESTIONNAIRE

Return to:
Hoffman Construction Company
805 SW Broadway, Suite 2100
Portland, OR 97205
Tel 503/221-8811 - Fax 503/221-8888

[] AXIS [] ITB
HOFFMAN USE ONLY: Date Rec'd: _____

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.

1. General Information

Name of Business: _____
Street Address: _____
City, State, Zip: _____
Mailing Address: _____
Telephone: _____ Fax: _____
Website: _____
Contact for bidding: _____ E-mail: _____
E-mail Address for bid invitations (if desired): _____

2. Licenses

Type of License or Number	Federal or State	Number
Federal Employer Identification Number	Federal EIN	
OR Construction Contractors Board License	Oregon (CCB)	
WA Construction Contractors Registration	Washington (L&I)	
Other:		

3. Organization

[] C-Corporation [] S-Corporation [] LLC [] Partnership [] Joint Venture [] LLP [] Sole Proprietor
Where incorporated or formed? _____ Date founded? _____
Previous business names and years operated? _____
Name of parent company, if any? _____
Other businesses owned or controlled by your firm, its officers or principals? _____
Officers or Principals:

Name and Title	Years with Company	Percent Ownership

Small Business Concern as defined by the SBA? [] Yes [] No
(Visit www.sba.gov/size for Small Business Size Standards.)

Currently MBE, WBE, DBE, or ESB Certified? [] Yes [] No
Certification number(s) and agency(ies) / other certifications?: _____

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 five years?
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 contracts within the last five years? If yes, explain: _____

5. Revenue

Projected revenue for this year and next year? 20__ \$ _____ 20__ \$ _____

Revenue for last three years?
 20__ \$ _____ 20__ \$ _____ 20__ \$ _____

Largest individual contract completed in each of the last three years?
 20__ \$ _____ Description _____
 20__ \$ _____ Description _____
 20__ \$ _____ Description _____

Are key supervisory personnel on these projects still with your firm? [] Yes [] No – Attach explanation.

Preferred contract size? \$ _____

6. Experience

- ✓ **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 Hoffman within the last five years, if any? _____

Identify contract and building types your firm has worked with:

- Athletic
- Correctional
- Cultural/Museum
- Destination/Hotel
- Educational
- Government
- Healthcare
- High Tech/Labs
- Industrial
- Office
- Parking Facilities
- Renovation
- Residential
- Transportation
- Design Assist
- Design/Build
- Guaranteed Maximum Price

Describe your firm's design and/or in-house engineering capabilities, if any: _____

7. Employees & Labor Relations

Number of employees:

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

Labor unions your firm is signatory with, if any? [] None [] Below

Union Name and Local Number	Expires

If non-union, describe your firm's labor acquisition methods and programs: _____

8. Bidding Interest

What work do you normally perform with your own forces? _____

What geographical regions are you interested in bidding? _____

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

**Mark CSI Codes below to receive Invitations to Bid future work (F to Furnish and/or I to Install)
 (MasterFormat 2004 Edition Codes in parenthesis)**

x		CSI Code	Description	x		CSI Code	Description
F	I			F	I		
		01050	Surveying (02 20 00)			08410	Alum Entrances & Storefronts (08 40 00)
		01410	Tests and Inspection (01 45 23)			08700	Door Hardware (08 71 00)
		01700	Construction Cleaning (01 74 23)			08800	Glass and Glazing (08 80 00)
		02050	Demolition (02 41 00)			09200	Lath and Plaster (09 20 00)
		02051	Contaminated Soils Removal (02 60 00)			09800	High Performance/Special Coatings (09 96 00)
		02080	Hazardous Abatement (02 80 00)			09250	Drywall (09 20 00)
		02150	Piling, Shoring, Caissons (31 60 00)			09510	Acoustical Ceilings (09 50 00)
		02200	Earthwork (31 00 00)			09300	Tile (09 30 00)
		02250	Utilities (33 00 00)			09400	Terrazzo (09 66 00)
		02500	Asphaltic Concrete Paving (32 12 16)			09550	Wood Flooring (09 64 00)
		02515	Unit Pavers (32 14 00)			09650	Resilient Flooring & Carpeting (09 65 00)
		02580	Pavement Markings & Bumpers (32 17 00)			09900	Painting (09 90 00)
		02800	Site Concrete (32 13 00)			09950	Wall Coverings (09 72 00)
		02830	Fences & Gates (32 30 00)			10100	Visual Display Boards (10 11 00)
		02900	Landscaping and Planting (32 90 00)			10160	Metal Toilet Compartments (10 21 00)
		03200	Reinforcing Steel (03 20 00)			10200	Louvers and Vents (08 90 00)
		03300	C-I-P & Structural Concrete (03 30 00)			10260	Wall and Corner Guards (10 26 00)
		03450	Precast Concrete (03 40 00)			10270	Access Flooring (09 69 00)
		04200	Masonry (04 00 00)			10400	Signage (10 14 00)
		04400	Stone (04 40 00)			10500	Lockers (10 51 00)
		05120	Structural Steel (05 10 00)			10520	Fire Extinguishers and Cabinets (10 44 00)
		05300	Metal Deck & Joists (05 30 00)			10650	Operable Partitions (10 22 00)
		05500	Metal Fabrications (05 50 00)			10800	Toilet and Bath Accessories (10 28 00)
		05700	Ornamental Metals (05 70 00)			11110	Laundry Equipment (11 23 00)
		05800	Expansion & Joint Cover Assemblies (07 95 00)			11130	Projection Screens & A-V Equip (11 52 00)
		06100	Rough Carpentry (06 10 00)			11160	Loading Dock Equipment (11 13 00)
		06400	Finish Carpentry / Arch Woodwork (06 40 00)			11400	Food Service Equipment (11 40 00)
		06600	Plastic Fabrications (06 60 00)			12500	Window Treatment (12 20 00)
		07100	Waterproofing (07 10 00)			13000	Cleanroom Construction
		07200	Insulation (07 21 00)			13120	Metal Building Systems (13 34 00)
		07240	Exterior Insulation & Finish System (07 24 00)			14200	Elevators (14 20 00)
		07250	Fireproofing (07 80 00)			15000	Mechanical - Plumbing (22 00 00)
		07270	Firestopping (07 84 00)			15000	Mechanical - HVAC (23 00 00)
		07400	Metal Roofing and Siding (07 40 00)			15300	Fire Protection (21 00 00)
		07500	Roofing (07 50 00)			15950	Integrated Automation/Controls (25 00 00)
		07600	Flashing & Sheet Metal (07 60 00)			15990	Testing, Adjusting and Balancing (23 05 93)
		07700	Roof Specialties and Accessories (07 70 00)			16000	Electrical (26 00 00)
		07800	Skylights (08 60 00)			16720	Security & Alarm Systems (28 00 00)
		07900	Sealants & Caulking (07 90 00)			16740	Tel/Data Wiring & Systems (27 00 00)
		08100	Steel Doors and Frames (08 11 00)				
		08210	Wood Doors (08 14 00)				
		08330	Coiling & Overhead Doors (08 33 00)				

What percent of your work do you normally subcontract to others? _____%

What work do you normally subcontract to others? _____

9. Safety

Workers' Compensation Experience Modification Rate (**EMR**) for the last three years?

20__ EMR: _____ 20__ EMR: _____ 20__ EMR: _____

If any EMR above is **greater than 1.00**, explain cause and remedial action implemented: _____

Who is responsible for safety at your firm? _____

Their title, qualifications and experience? _____

Do you have a written safety program? _____ Do you require your subs to have a written safety program? _____

What does senior management do to actively promote your safety program? _____

Any OSHA (Federal or State) Serious, Willful, and/or Repeat violations within last three years? If yes, explain: _____

Any EPA (Federal or State) violations within last 3 years? If yes, explain: _____

Provide the following information (similar to OSHA Form 300A) for the last three years:

Year	Average Number of Employees	Total Hours Worked	Number of Cases			Number of Days	
			Days Away from Work (H)	Job Transfer or Restriction (I)	Other Recordables (J)	Days Away from Work (K)	Job Transfer or Restriction (L)

10. References

Banking – Bank Name & Branch _____ Since? _____

City, State, Zip _____

Contact Person _____ Telephone _____

Credit Line Amount \$ _____ Amount Available \$ _____ Expiration Date _____

UCC Filing? _____ How is credit secured? _____

Bonding – Bonding Company _____ Since? _____

Surety Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Bonding Capacity – Per Project \$ _____ Aggregate \$ _____

Last Bond Issued – Date _____, Amount \$ _____ Type _____, Rate _____%

Persons or entities that provide indemnification to Surety _____

Insurance – General Liability Carrier _____ Since? _____

Insurance Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Dun & Bradstreet – D&B Number _____ D&B Rating _____ Date of Rating _____

Suppliers

A. Supplier Name & Location _____

Contact Person _____ Telephone _____

B. Supplier Name & Location _____

Contact Person _____ Telephone _____

C. Supplier Name & Location _____

Contact Person _____ Telephone _____

Contractors

A. Contractor Name & Location _____

Contact Person _____ Telephone _____

B. Contractor Name & Location _____

Contact Person _____ Telephone _____

C. Contractor Name & Location _____

Contact Person _____ Telephone _____

11. Financial Information

******IMPORTANT NOTE******

Provide COMPLETE copy of your firm's latest Audited or Reviewed year-end Financial Statements (Balance Sheet, Income Statement, Cash Flow Statement, etc.) with Accountants' Report including all footnotes.

Prequalification and/or evaluation of your firm can not be completed without this information. Access to your firm's financial information will be restricted to Hoffman personnel directly involved with the prequalification and/or evaluation of your firm.

12. Additional Information

Provide any additional information that you feel will help us determine your qualifications: _____

What plan centers, publications, or other bid information sources does your firm utilize? _____

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects and explicitly authorizes the references identified herein to provide any additional information requested by Hoffman that it may require to complete its prequalification and/or evaluation process.

Company Name: _____

Prepared By: _____ Title: _____
(must be an officer or principal of the Company)

Signature: _____ Date: _____

Reminders!

- Have you attached List of Current and Completed Projects? (Section 6)
- Have you provided all required Safety information? (Section 9)
- Have you attached COMPLETE Financial Statement including Accountants' Report with footnotes? (Section 11)
- Required explanations, if any?