

	<b>SUBCONTRACTOR / VENDOR QUESTIONNAIRE</b>	<b>Return to:</b> Hoffman Construction Company 805 SW Broadway, Suite 2100 Portland, OR 97205 Tel 503/221-8811 - Fax 503/221-8888 Email: <a href="mailto:bids@hoffmancorp.com">bids@hoffmancorp.com</a>
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*Sections 1, 2, 3, 4 & 9 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/Remittance Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact for Bid Invitations: \_\_\_\_\_ E-mail: \_\_\_\_\_

Add'l Contacts for Bid Invitations with Emails: \_\_\_\_\_

Company Contact for Insurance & Contract Compliance: \_\_\_\_\_

Phone/Email: \_\_\_\_\_

**2. Contractor's Licenses**

<b>Federal Employer Identification Number (EIN):</b> _____		
<b>Construction Contractor's Licenses:</b>	<b>Oregon (CCB):</b> _____	<b>Washington (L&amp;I):</b> _____
<b>Idaho (DOPL):</b> _____	<b>Arizona (ROC):</b> _____	<b>Virginia (DPOR):</b> _____
<b>California (CSLB):</b> _____	<b>New Mexico (RLD):</b> _____	<b>Other(s):</b> _____

What geographical regions are you interested in bidding? \_\_\_\_\_

Small Business Concern as defined by the SBA? ☐ Yes ☐ No  
(Visit [www.sba.gov/size](http://www.sba.gov/size) for Small Business SizeStandards.)

Currently MBE, WBE, DBE, SDVBE or ESB Certified? ☐ Yes ☐ No

Certification number(s) and agency(ies)/other certifications: \_\_\_\_\_

State(s) company is certified in: \_\_\_\_\_

**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, and headquarters location? \_\_\_\_\_

Other businesses owned or controlled by your firm, its officers or principals? \_\_\_\_\_

**Owners, Officers and Principals:**

Name	Title	Years with Company	Percent Ownership

**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 contract within the last five years? If yes, explain: \_\_\_\_\_

## 5. Revenue

Projected revenue for this year and next year? 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_

Revenue for the last 3 years? 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_

Largest individual contract completed in each of the last three years?

20\_\_\_\_ \$ \_\_\_\_\_ Contracted with: \_\_\_\_\_ Description: \_\_\_\_\_

20\_\_\_\_ \$ \_\_\_\_\_ Contracted with: \_\_\_\_\_ Description: \_\_\_\_\_

20\_\_\_\_ \$ \_\_\_\_\_ Contracted with: \_\_\_\_\_ Description: \_\_\_\_\_

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

Preferred contract size? \$ \_\_\_\_\_ Current Backlog? \$ \_\_\_\_\_

## 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 phone 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 phone numbers.

Contracts with Hoffman within the last five years, if any? \_\_\_\_\_

Identify contract and building types your firm has worked with:				
<input type="checkbox"/> Athletic	<input type="checkbox"/> Correctional	<input type="checkbox"/> Cultural/Museum	<input type="checkbox"/> Destination/Hotel	<input type="checkbox"/> Educational
<input type="checkbox"/> Government	<input type="checkbox"/> Healthcare	<input type="checkbox"/> High Tech/Labs/Fabs	<input type="checkbox"/> Industrial	<input type="checkbox"/> Office
<input type="checkbox"/> Parking Facilities	<input type="checkbox"/> Renovation	<input type="checkbox"/> Residential	<input type="checkbox"/> Transportation	<input type="checkbox"/> Data Center
<input type="checkbox"/> Design Assist	<input type="checkbox"/> Design/Build	<input type="checkbox"/> Guaranteed Maximum Price	<input type="checkbox"/> BOQ	

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

## 7. BIM (Building Information Modeling) Capabilities

Do you have in-house BIM capabilities? \_\_\_\_\_

How many BIM techs? \_\_\_\_\_ Name/Phone/Email of Manager: \_\_\_\_\_

## 8. 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	Address	Phone and Email	Expires

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

## 9. Bidding Interest

What work do you normally perform with your own forces? \_\_\_\_\_

What percent of your work do you normally subcontract to others? \_\_\_\_\_ % What type of work? \_\_\_\_\_

North American Industrial Classification 2017 (NAICS) codes: \_\_\_\_\_

### Mark CSI Codes below to receive Invitations to Bid for future work

X	CSI Code	Description	X	CSI Code	Description
	00 70 61	Scaffolding & Stair Towers		10 11 00	Visual Display Boards
	00 70 75	Professional Services (Arch, Eng)		10 14 00	Signage
	01 45 23	Tests and Inspection		10 21 00	Toilet Compartments
	01 74 23	Construction Cleaning		10 22 00	Operable Partitions
	01 35 53	Site Temporary Security Services		10 26 00	Wall and Corner Guards
	02 41 00	Demolition		10 28 00	Toilet and Bath Accessories
	02 45 00	Sawcutting		10 44 00	Fire Extinguishers and Cabinets
	02 60 00	Contaminated Soils Removal		10 51 00	Lockers
	02 80 00	Hazardous Abatement		11 13 00	Loading Dock Equipment
	03 20 00	Reinforcing Steel		11 30 00	Appliances
	03 30 00	C-I-P & Structural Concrete		11 40 00	Food Service Equipment
	03 40 00	Precast Concrete		11 53 00	Laboratory Equipment
	04 00 00	Masonry		11 52 00	Projection Screens & AV Equip
	04 40 00	Stone		11 65 00	Athletic and Recreational Equipment
	05 12 00	Structural Steel		12 20 00	Window Treatment
	05 30 00	Metal Deck & Joists		12 36 00	Countertops
	05 50 00	Metal Fabrications		12 60 00	Multiple Seating
	05 70 00	Ornamental Metals		13 34 00	Metal Building Systems
	06 10 00	Rough Carpentry/ Wood Framing/ Glulams/CLT		14 20 00	Elevators
	06 40 00	Finish Carpentry / Arch Woodwork		21 00 00	Fire Suppression
	06 60 00	Plastic Fabrications		22 00 00	Mechanical - Plumbing
	07 10 00	Waterproofing		23 00 00	Mechanical - HVAC
	07 21 00	Insulation		23 05 93	Testing, Adjusting and Balancing
	07 24 00	Exterior Insulation & Finish System		25 00 00	Integrated Automation/Controls
	07 40 00	Metal Roofing and Siding		26 00 00	Electrical
	07 50 00	Roofing		27 00 00	Communications
	07 60 00	Flashing & Sheet Metal		28 00 00	Safety and Security
	07 70 00	Roof Specialties and Accessories		31 00 00	Earthwork
	07 80 00	Fireproofing		31 60 00	Piling, Shoring, Caissons
	07 84 00	Firestopping		32 12 16	Asphalt Paving
	07 90 00	Sealants & Caulking		32 13 00	Site Concrete
	07 95 00	Expansion Joint Cover Assemblies		32 14 00	Unit Pavers
	08 11 00	Steel Doors and Frames		32 17 00	Pavement Markings & Bumpers
	08 14 00	Wood Doors		32 30 00	Fences & Gates
	08 33 00	Coiling & Overhead Doors		32 90 00	Landscaping and Planting
	08 40 00	Alum Entrances & Storefronts		33 00 00	Utilities
	08 60 00	Skylights		34 00 00	Transportation
	08 71 00	Door Hardware		35 00 00	Waterway and Marine Construction
	08 80 00	Glass and Glazing		40 00 00	Process Integration
	08 90 00	Louvers and Vents		41 00 00	Material Processing & Handling Equip
	09 20 00	Drywall/Lath & Plaster		42 00 00	Process Heating, Cooling & Drying Equip
	09 30 00	Tile		43 00 00	Process Gas & Liquid Handling, Purification & Storage Equipment
	09 50 00	Acoustical Ceilings			
	09 64 00	Wood Flooring		44 00 00	Pollution Control Equip
	09 65 00	Resilient Flooring & Carpeting		45 00 00	Industry Specific Manufacturing Equip
	09 66 00	Terrazzo		46 00 00	Water and Wastewater Equip
	09 69 00	Access Flooring		48 00 00	Power Generation and Solar
	09 72 00	Wall Coverings		Other:	
	09 90 00	Painting		Other:	
	09 96 00	High Performance/Special Coatings		Other:	

## 10. Safety

Workers' Compensation Experience Modification Rate (EMR) for the last five (5) years?

20__	EMR:		20__	EMR:		20__	EMR:		20__	EMR:		20__	EMR:	
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If any EMR above is **greater than 1.00**, explain cause and remedial action implemented: \_\_\_\_\_

Who is responsible for safety at your firm? \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Their title, qualifications and experience? \_\_\_\_\_

Do you have a written safety program? \_\_\_\_\_ Do you require your sub-tiers 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 five (5) years? \_\_\_\_\_ If yes, explain the violation along with what your company is doing or have done to prevent recurrence. If the violation was contested, please provide backup: \_\_\_\_\_

Any EPA (Federal or State) violations within last 5 years? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**Provide the following information (similar to OSHA Form 300A) for the last five (5) years:**

Year	Average Number of Employees	Total Hours Worked	Number of Deaths (G)	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)

## 11. Quality

Who is responsible for Quality at your firm? \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Their title, qualifications and experience? \_\_\_\_\_

Do you have a written quality program? \_\_\_\_\_ Do you require your sub-tiers to have a written quality program? \_\_\_\_\_

What does senior management do to actively promote your quality program? \_\_\_\_\_

Anything else you would like to add relating to quality at your firm? \_\_\_\_\_

## 12. References

**A. Banking** – Bank Name \_\_\_\_\_ Since? \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Email: \_\_\_\_\_

Credit Line Amount \$ \_\_\_\_\_ Amount Available \$ \_\_\_\_\_ Expiration Date: \_\_\_\_\_ UCC Filing? \_\_\_\_\_

How is credit secured? \_\_\_\_\_

In compliance with all applicable financial covenants? ☐ Yes ☐ No ☐ N/A ☐ Other \_\_\_\_\_

**B. Bonding** – Bonding Company \_\_\_\_\_ Since? \_\_\_\_\_ Surety Broker/Agent \_\_\_\_\_

Since? \_\_\_\_\_ Contact Person \_\_\_\_\_ Phone and Email: \_\_\_\_\_

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

Last Bond Issued – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Type \_\_\_\_\_ Rate \_\_\_\_\_ %

Persons or entities that provide indemnification to Surety: \_\_\_\_\_

**C. Insurance** – Insurance Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone/Email: \_\_\_\_\_

#### D. Suppliers

- 1) Supplier Name & Location \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- 2) Supplier Name & Location \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- 3) Supplier Name & Location \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

#### E. Contractors

- 1) Contractor Name & Location \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- 2) Contractor Name & Location \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_
- 3) Contractor Name & Location \_\_\_\_\_  
Contact person: \_\_\_\_\_ Phone/Email: \_\_\_\_\_

#### 13. Financial Information

☐ Audited ☐ Reviewed ☐ Compilation ☐ Other (please explain) \_\_\_\_\_

Date of fiscal year end: \_\_\_\_\_

Are your firm's year-end financials publicly available? ☐ Yes ☐ No

#### \*\*\*\* 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 cannot 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. A Confidentiality Agreement is available upon request.

#### 14. Additional Information

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

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: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

(must be an officer or principal of company)

#### Attachments:

- ☐ List of current and completed projects
- ☐ All required safety information
- ☐ Complete financial statements including Accountants' Report with footnotes
- ☐ Current Signed W-9
- ☐ Required explanations, if any?