# Date of Response:

## Name of Company:

Type of work your firm performs:

State of Incorporation:       Date of Incorporation:

Street Address:

City:       State:       Zip:

Main Phone Number:       Main Fax Number:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Corporate Officers & Main Contacts (Name) | Title | Telephone # | Cell Phone # | Fax Number |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| M/W/SBE Certifications | M/W/SBE Description | Certifying Agency |
|  |  |  |
|  |  |  |

**EMPLOYMENT INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Home Office | Field Supervisory | Trades People | Total |
| Current |  |  |  |  |
| Three Year Average |  |  |  |  |

**TRADE / LABOR INFORMATION**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Union Information | | | | | |
| Local Number | Union Name | Telephone | Union Contact | Union Bond Value | Agreement Expiration |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**SAFETY INFORMATON**

|  |  |  |
| --- | --- | --- |
| Current EMR Rates | | |
| State | Year | Rate |
|  | 2011 |  |
|  | 2010 |  |
|  | 2009 |  |

|  |  |  |
| --- | --- | --- |
| OSHA 30 Certified Personnel | | |
| Name | Phone | Email |
|  |  |  |
|  |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| OSHA 200/300 Information | | | | | | | | |
| Reporting Year | # of Fatalities | Description | # of Lost & Restricted Workday Cases | Employee Hours  Worked | # of OSHA Violations Has Company Received this Year | If Violations Were Willful, Provide Description | Recordable Incidence  Rate | Lost Workday Incidence Rate |
| Current Year |  |  |  |  |  |  |  |  |
| Prior Year |  |  |  |  |  |  |  |  |
| Two Years Prior |  |  |  |  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Safety Questionnaire | | | |
| Question | Yes | No | Comments |
| Does your company have a qualified person soley responsible for safety? If Yes, please attach a resume or description of qualifications. |  |  |  |
| Does this person perform safety inspections on all of your projects? If so, how often? |  |  |  |
| Does your company have a written Company Safety Policy and Program; and will you provide copies if requested? |  |  |  |
| Does your company have a drug testing policy? If Yes, please check which are included in the policy.  PreEmployment:  Cause:  Post Accident/Incident:  Random:  Periodic: |  |  |  |
| Will your company comply with our return to work program (where applicable) |  |  |  |
| Does your company require 100% fall protection from a height greater than 6-foot? |  |  |  |
| If requested, will you provide us with a site specific fall protection plan addressing the specific hazards related to your work at any site? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Does your company require documented safety meeting for the employees? Indicate which and how often for the following employees:  General Labor:  Field Supervisors:  New Hires:  Subcontractors/Vendors: |  |  |  |

##### GENERAL FINANCIAL INFORMATON

State Sales Tax Info: State:       Sales Tax Number:

Contractor License Info: State:       Number:       Expires:

State Unemployment: State:       State Unemployment Identifier (SUI) Number:

Federal Employment Identifier Number:

Largest Contract Completed in last (3) years:

Amount:       Year:

Project Name:

Scope:

Annual Volume of Work Performed over the Past 5 Years:

Year 2007 Average Volume $

Year 2008 Average Volume $

Year 2009 Average Volume $

Year 2010 Average Volume $

Year 2011 Average Volume $

Percentage of Work Normally Subcontracted: %

All Building Types on which your company has worked:

Commercial  Design/Build Design Assist

Hotels/Motels  Interior Fit-out

Healthcare  Sports/Entertainment

Residential

City Agency Approvals:

NYC Vendex

SCA Approved

Banking Information:

Bank Name:

Line of Credit: $      Available: $      Expires:

City:       State:       Zip:       Country:

Contact Name:       Phone:       Fax:

**LEGAL INFORMATION**

1. Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you:

Yes  No  (If yes, please attach statement)

1. Have any of the Owners, officers or major stockholders of your Company ever been indicated or convicted of any felony or other criminal conduct?

Yes  No  (If yes, please attach statement)

1. Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?

Yes  No  (If yes, please attach statement)

1. Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?

Yes  No  (If yes, please attach statement)

1. Does your Company have any outstanding judgments or claims against it?

Yes  No  (If yes, please attach statement)

**BOND / SURETY INFORMATION**

Surety Company Name:       Since:

Surety Broker Name:

Bonding Capacity Per Job: $

Aggregate: $

Contact Information for bond information:

Contact Name:       Phone:       Fax:

**\*Attached a copy of a letter from your Bonding Company indicating your ability to provide a Payment and Performance Bond in the amount of the project size you indicate on this page.**

**INSURANCE INFORMATION**

**\*You may attach a sample insurance certificate, identifying limits of coverage, rather than filling in the limits outlined in this section. You MUST still provide the Broker’s Contact Information & Worker’s Comp Risk ID #.**

Insurance Broker Contact Information:

Company Name:

City: State:

Contact Name:       Phone:       Fax:

Mobile:       Email:

Commercial General Liability Info:

Insurance Carrier:

|  |  |
| --- | --- |
|  | Current |
| General Aggregate | $ |
| Products – Completed Ops Aggregate | $ |
| Personal/Adv. Injury | $ |
| Per Occurrence | $ |
| Fire Damage (any one fire) | $ |
| Medical Expenses (any one person) | $ |
| Deductible Amount | $ |

Excess Liability Info:

Excess Liability Insurance Carrier:

Total Limit: $

Workers Compensation and Employer’s Liability Info:

Insurance Carrier:       **Workers Comp Risk ID #**

Limits: $

Employers Liability Each Accident: $

Employers Liability Disease-Policy Limit: $

Employers Liability Disease Each Employee: $

**INSURANCE INFORMATION**

Automobile Liability Info:

Auto Insurance Carrier:

|  |  |
| --- | --- |
|  | Current |
| Combined Single Limit | $ |
| Bodily Injury (per person) | $ |
| Bodily Injury (per accident) | $ |
| Property Damage | $ |

Professional Liability Insurance Info:

Insurance Carrier:

Office Policy Limit: $      Deductible: $

Extended Reporting Period (tail): Years:

Prior Acts: Yes  No

|  |  |
| --- | --- |
| Reference Project 1 | |
| Company Name\* |  |
| Contact Name\* |  |
| Phone\* |  |
| Project Name |  |
| Project Address |  |
| Scope of Work Performed\* |  |
| Firm’s Key Personnel Assigned to Project\* |  |
| Project Completion Date |  |
| Project Volume |  |
| Reference Project 2 | |
| Company Name\* |  |
| Contact Name\* |  |
| Phone\* |  |
| Project Name |  |
| Project Address |  |
| Scope of Work Performed\* |  |
| Firm’s Key Personnel Assigned to Project\* |  |
| Project Completion Date |  |
| Project Volume |  |
| Reference Project 3 | |
| Company Name\* |  |
| Contact Name\* |  |
| Phone\* |  |
| Project Name |  |
| Project Address |  |
| Scope of Work Performed\* |  |
| Firm’s Key Personnel Assigned to Project\* |  |
| Project Completion Date |  |
| Project Volume |  |

FINANCIAL INFORMATION

Please provide the following information:

1. A copy of your latest **audited or reviewed or compiled financial statement** (Your financial statement is strictly for Specialized Fire & Security, Inc. Department use and will be treated confidentially).
2. A complete list of current projects giving name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers).

We have attempted to answer all questions in full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Specialized Fire & Security, Inc. will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at       this       day of       , 20     .

Name of Company:

Completed By:

Title:

      being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading,

Subscribed and sworn before me this       day of       , 20     .

Notary Public:

My Commission Expires: