

Subcontractor Screening Questionnaire

Company Information			
Company Name:			
Business Address:			
Primary Contact:	Pho	one Number:	
Estimating Contact (If Different):	Pho	one Number:	
Email Address:	We	bsite:	
Business & Experience			
Years in Business: Trac	de or Scope of Work Provided	:	
Do you have multifamily constru	ction experience? Yes / No		
If yes, provide examples:			
Other types of projects you spec	ialize in:		
Do you self-perform work, or do you subcontract out? Self-Perform / Subcontract			
Number of technicians/crews av	ailable:		
Typical project size you handle (\$	S value or square footage):		
References & Past Work			
Provide three references (prefera	ably from multifamily projects):	
Name:	Company:	Phone #:	
Name:	Company:	Phone #:	
Name:	Company:	Phone #:	



Financial & Operational Information			
Do you have a contractor's license? Yes / No License #:			
Do you have general liability insurance? Yes / No Coverage Limit: \$			
Do you have workers' compensation insurance? Yes / No Coverage Limit: \$			
Are you bonded? Yes / No Bonding Capacity: \$			
Do you have a standard payment schedule? Yes / No			
If yes, please describe:			
Bidding & Pricing			
Do you provide free estimates? Yes / No Typical bid turnaround time:			
Do you use the 'Building Connected' Program? Yes / No			
Do you provide material, or is it labor-only? Materials & Labor / Labor-Only			
Do you require a deposit before starting work? Yes / No			
Safety & Compliance			
Do you have a written safety program? Yes / No			
Do you conduct regular safety training for employees? Yes / No			
Have you had any OSHA violations in the past 5 years? Yes / No			
If yes, please explain:			
Availability & Logistics How far are you willing to travel for work?			
Do you have the capacity for immediate or upcoming projects? Yes / No			
Do you provide your own equipment?			

Please return to: hgrau@inchandco.com, we look forward to working with you!