

The contents of this questionnaire are confidential and used solely to determine the subcontractor's qualifications.

COMPANY NAME: _____ **Date:** _____

P.O. Address: _____ **City:** _____

Street Address: _____ **State:** _____ **Zip:** _____

Contact Person: _____ **Tel:** _____ **Fax:** _____

Contact Person's Email Address _____ **Company's Website Address** _____

COMPANY PROFILE

Type of work performed:			Trades usually self performed:		
Years in business under present name:			% of work performed by own forces:	%	
Years performing work specialty:			Value of work now under contract:	\$	
Average annual value of work completed during the past 3 years:	\$		Value of work in place last year:	\$	
Union Affiliations:		Contract expiration dates:		Do you accept Site Labor Agreements?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you in compliance with EEO requirements?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Is firm a minority business enterprise?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what classification?	
Total number of permanent staff employed includes the following:					
Management		Project Managers		Superintendents	Unskilled Labor
Engineers/Arch.		Project Engineers		Foremen	Skilled Craftsmen
Draftsmen		Estimators		Other (specify) _____	

BONDING

Bonding Agency:		Agent's Name:		Agent's Tel:	
Bonding Surety Company:		Single Bonding Limit:		Total Bonding Capacity (Aggregate):	Value of Work Now Bonded:

**J. KOKOLAKIS CONTRACTING, INC.
SUBCONTRACTOR'S QUALIFICATION FORM**

INSURANCE

Insurance Agency:		Agent's Name:		Agent's Tel:	
Insurance Company:		Workman's Compensation Experience Modifier for past three (3) years:			

BANK AND CREDIT REFERENCES

Bank Name:		Contact Person:		Tel:	
Is Company rated with Dun & Bradstreet?	Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, what is D & B rating?			
Has your Company:	(1) Failed to complete a contract? Yes <input type="checkbox"/> No <input type="checkbox"/>	(2) Been involved in bankruptcy or reorganization? Yes <input type="checkbox"/> No <input type="checkbox"/>	(3) Are there any pending judgements, claims or suits against your Company? Yes <input type="checkbox"/> No <input type="checkbox"/>		
If answer to any of the three preceding questions is Yes, submit detailed explanation on separate sheet.					

REFERENCES:

PLEASE FILL OUT COMPLETELY.

CM'S OR GC'S your company has worked for within the past three years. (List 2 other than those shown below) Verify Contact Person's Telephone and Fax Numbers Are Current Before Submitting.

CM/GC No. 1		Contact Person:		Tel: Fax:	
CM/GC No. 2		Contact Person:		Tel: Fax:	

SIGNIFICANT PROJECTS CURRENTLY UNDER CONSTRUCTION (LIST 3)

Verify Contact Person's Telephone and Fax Numbers Are Current Before Submitting.

Project No. 1		Location:		Your \$ Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:		Tel: Fax:			

Project No. 2		Location:		Your \$ Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:		Tel: Fax:			

Project No. 3		Location:		Your \$ Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:		Tel: Fax:			

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SUBCONTRACTOR'S QUALIFICATION FORM**

SIGNIFICANT PROJECTS COMPLETED WITHIN THE PAST THREE YEARS (LIST 3)

Verify Contact Person's Telephone and Fax Numbers Are Current Before Submitting.

Project No. 1		Location:		Your \$ Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:		Tel: Fax:			

Project No. 2		Location:		Your \$ Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:		Tel: Fax:			

Project No. 3		Location:		Your \$ Subcontract Amount:	\$	Scheduled Completion Date:	
Contracting Agency:		Contact Person:		Tel: Fax:			

MAJOR SUPPLIERS (LIST 2)

Verify Contact Person's Telephone and Fax Numbers Are Current Before Submitting.

Supplier No. 1:		Contact Person:		Tel: Fax:	
Supplier No. 2:		Contact Person:		Tel: Fax:	

SAFETY

Have you had any OSHA fines within the last 3 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have you had jobsite fatalities within the last 5 years?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
(If answer to either is Yes, you must submit on a separate sheet the details describing the circumstances surrounding each incident)		
Is your Company a "Drug-Free Workplace"?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

COMPANY EXPERIENCE

Does your Company have experience with any of the following facilities?			
Educational	Yes <input type="checkbox"/> No <input type="checkbox"/>	Correctional	Yes <input type="checkbox"/> No <input type="checkbox"/>
Medical	Yes <input type="checkbox"/> No <input type="checkbox"/>	Sports	Yes <input type="checkbox"/> No <input type="checkbox"/>
Renovation	Yes <input type="checkbox"/> No <input type="checkbox"/>	Multi-Story 5+	Yes <input type="checkbox"/> No <input type="checkbox"/>
Have you worked in occupied facilities? Please give details:			

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GEOGRAPHICAL AREA

Would your company perform work in the following areas?

Northeast United States Yes ☐ No ☐

Southeast United States Yes ☐ No ☐

Other? Please specify State or Area:

CONTRACTOR LICENSING

Contractor's Licensing No.		State:	
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I HEREBY CERTIFY THAT THE PRECEDING INFORMATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE

Signature: _____

Print Name and Title: _____

Type of Firm:	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietorship
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