

**DOYLE CONSTRUCTION COMPANY
SUBCONTRACTOR / SUPPLIER QUESTIONNAIRE**

THIS SECTION TO BE FILLED IN BY DOYLE: DIVISION _____ MAJOR TASK(S) _____

If this form is not filled out in its entirety, you may not be considered as a potential subcontractor or supplier!

COMPANY NAME _____ Federal ID # _____

Phone: A/C _____ No. _____ Fax: A/C _____ No. _____

Mailing Address _____ Street Address _____

City _____ ST _____ ZIP _____ City _____ ST _____ ZIP _____

Estimating Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

Other Contact: Name _____ Title _____

E-mail: _____ Phone: _____ Fax: _____

Cell: _____

What work does your company perform or what materials can your company supply?

Check type of project your company prefers: Industrial ____ Commercial ____ Residential ____ Multi-Family ____

How many years has your company been in operation? _____

Check the size of Subcontract or Purchase Order your company typically performs:

Less than \$100,000 ____ \$100,000 to \$500,000 ____ \$500,000 to \$1,500,000 ____ Over \$1,500,000 ____

Annual revenue for the last two years: \$ _____ 2008 \$ _____ 2009

Name two officers of your company:

Name _____ Name _____

Title _____ Title _____

Check your company's area of operations:

Washington, DC _____

Maryland _____

Virginia _____

Southern Pennsylvania _____

Name Other Areas _____

Can your company:

| | Yes | No |
|---------------------------------------|------------|-----------|
| Furnish a Payment & Performance Bond? | _____ | _____ |
| Qualify as a MBE Contractor?* | _____ | _____ |
| Qualify as a WBE Contractor?* | _____ | _____ |
| Furnish Material Only? | _____ | _____ |

Is your company affiliated with any other company?

Name: _____

Address: _____

Who is your surety company? _____ Percent of work bonded: _____

Bonding capacity for a single job? _____ Aggregate Bonding Capacity? _____

List your company's insurance limits:

General Liability: _____ Occ. _____ Agg. Auto Liability: _____ Occ. _____ Agg.

Excess Liability: _____ Occ. _____ Agg. Workmen's Compensation(Statutory): Yes _____ No _____

All information requested in this section is required from contractors, subcontractors, and other organizations whose services include providing labor beyond a customer's site.

Provide the following rates for your company for the past three years (including current year):

| Year | EMR | Lost-Time Rate* | Recordable Rate** | # of OSHA Citations |
|-------|-------|-----------------|-------------------|---------------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

*Lost-Time Rate = $\frac{\# \text{ of lost time work related injuries/yr.} \times 200,000}{\# \text{ of man hours worked/yr.}}$

**Recordable Injury Rate: $\frac{\# \text{ of work related injuries/yr.} \times 200,000}{\# \text{ of man hours worked/yr.}}$

Describe your OSHA Citations (if applicable):

References

PLEASE COMPLETE THE REFERENCE INFORMATION BELOW:

| COMPANY: | CONTACT NAME | PHONE: |
|----------|--------------|--------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

We certify that all information in this questionnaire and the attachments is true and correct. We hereby authorize Doyle Construction Company and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein. We authorize our financial institutions, prior and existing sureties, customers, creditors and suppliers to release credit history and other underwriting/qualification information.

Submitted by:

Name _____ Title _____

Date _____ Completely filled out form: Yes / No

PLEASE EMAIL COMPLETED FORM, PLUS A COPY OF YOUR INSURANCE AND CERTIFICATION CERTIFICATES, TO:
subcontractors@doyleconco.com