

CONTRACTOR QUESTIONNAIRE

I. YOUR COMPANY PROFILE

Company Name:					
	Address:				
	Remittance				
	Address:				
		Fax:			
	Website:				
	DUNS:				
	Key Contacts:				
	Name:	Name:			
	Title:				
	Phone:				
	Fax:	_			
	Email:	Email:			
	Name:	Name:			
	Title:				
	Phone:				
	Fax:	F			
	Email:	Email:			
	ow many years has your company been in business?				
	Please state your primary business	s focus:			
	Please list additional services or p	aroducts your company offers:			
		——————————————————————————————————————			
	Is your company SBA classified?	Yes No			
	If yes, specify classificat	ion:			
	Is your company bonded/insured?	Yes No			
	a. If yes, specify type and a	amount (proof of insurance coverage may be require			
	Total number of employees in you	ur company:			
	manietr or employees in you	L			
	Does your company use sub-contr	ractors? Yes No			

	9.	Does your con	mpany provide liability coverage for sub-contractors?	Yes No
		a.	If yes, specify type and amount:	
			e federal, state, and other regulatory agencies with which registered, and the type of license held?	ch your company
	11.	Please include	e a copy of your contractor's license if applicable for the	
.•	BUSINE	SS REFEREN	ICES	
Ple	ease list th	ree (3) busine	ess* references:	
1)	Company	y name		-
	Address			_
	City		Zip Code	-
	Contact 1	person	Telephone #	-
	Email:			-
	Services	provided:		
2)				-
	Address		77. 0. 1	-
			Zip Code	-
	•		Talambana #	
	Contact 1	person	Telephone #	
	Contact p	person	<u> </u>	
	Contact p	person	•	
3)	Contact p Email: Services	person provided:	<u> </u>	
3)	Contact p Email: Services	person provided:	<u>-</u>	
3)	Contact p Email: Services Company	person provided: y name	<u>-</u>	
3)	Contact J Email: Services Company Address	provided: y name		
3)	Contact p Email: Services Company Address City	provided: y name person	Zip Code	

Please include a copy of your company's W-9 Form with this Contractor Questionnaire.