

Exhibit C: Contractor Questionnaire

1) CONTRACTOR/VENDOR CONTACT INFORMATION

Business Name: _____ Date of submission: _____
Primary Contact Name: _____ Title: _____
Address: _____ Phone: _____
City: _____ Cell: _____
State: _____ Zip: _____ Email: _____

2) ORGANIZATIONAL STRUCTURE (check all that apply)

Sole Proprietor: Owner name _____ Other: specify _____
 Partnership: Partner names _____ Union or Non-Union

 Corporation
Date of formation/incorporation: _____
State of incorporation: _____
County of incorporation: _____

3) REGISTERED BUSINESS CLASIFICATION

(check all that apply and attach corresponding evidence)

Disadvantaged Business Enterprise (DBE) Small Business Enterprise (SBE)
 Minority Business Enterprise (MBE) Other: specify _____
 Women-Owned Business Enterprise (WBE)

4) PRIOR OR PENDING LITIGATION, LIEN OR STOP WORK ORDERS

In the preceding ten (10) years prior to this application, or currently, has any kind of judgment, lien or stop work order been brought against you personally, the Contractor or any related entities? If yes, attach a separate sheet explaining the circumstances and resolution of any of these types of issues.

[] Yes or [] No

5) INSURANCE INFORMATION (attach evidence of coverage)

Insurance Broker Name: _____

Insurance Broker Email Address: _____

Insurance Broker Phone Number: _____

General Liability Policy Number: _____
Expires _____

Auto Insurance Policy Number, if applicable _____ Expires _____

Workers Compensation Policy Number, if applicable _____ Expires _____

6) TRADE LICENSES HELD

Type of License	Issued By	License Number	Expires
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7) AREAS OF SPECIALIZATION (Non-subcontracted work): check all that apply.

<input type="checkbox"/> Abatement <input type="checkbox"/> Lead <input type="checkbox"/> Asbestos <input type="checkbox"/> Other: _____ <input type="checkbox"/> Board-Up and Site Security <input type="checkbox"/> Carpentry, rough <input type="checkbox"/> Carpentry, finish <input type="checkbox"/> Chimney repair <input type="checkbox"/> Clean-outs <input type="checkbox"/> Countertops <input type="checkbox"/> Demolition <input type="checkbox"/> Drywall installation <input type="checkbox"/> Electrical, main service <input type="checkbox"/> Electrical, rough <input type="checkbox"/> Electrical, finish <input type="checkbox"/> Environmental Consulting <input type="checkbox"/> Excavation, Grading and Clearing <input type="checkbox"/> Fencing <input type="checkbox"/> Flatwork / Concrete <input type="checkbox"/> Foundation repair <input type="checkbox"/> Gutters and downspouts <input type="checkbox"/> General Contracting <input type="checkbox"/> HVAC, specify types of systems <hr/> <input type="checkbox"/> Historical Renovation, specify areas: <hr/>	<input type="checkbox"/> Insulation: spray foam <input type="checkbox"/> Landscaping and Lawn Care <input type="checkbox"/> Masonry <input type="checkbox"/> Oil tank removal <input type="checkbox"/> Painting, exterior <input type="checkbox"/> Painting, interior <input type="checkbox"/> Pest control <input type="checkbox"/> Plaster install and repair <input type="checkbox"/> Plumbing, interior <input type="checkbox"/> Plumbing, service <input type="checkbox"/> Plumbing, fixture install <input type="checkbox"/> Roofing, type of systems: _____ <hr/> <input type="checkbox"/> Septic <input type="checkbox"/> Scaffolding <input type="checkbox"/> Siding <input type="checkbox"/> Taping <input type="checkbox"/> Tile <input type="checkbox"/> Tree Removal <input type="checkbox"/> Waterproofing <input type="checkbox"/> Windows <input type="checkbox"/> Other: _____ <hr/> <hr/>
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8) ORGANIZATIONAL HISTORY

Approximately what percentage of your work is subcontracted out? _____ %

How many full-time staff do you currently employ? _____

List roles of your full-time staff: _____

How many active jobs do you currently have under construction? _____

A. Complete list of lines of business: _____

- B. List any prior or pending arson, fraud, bribery or larceny convictions or pending cases against your business or any Principals of your business (**attach response as additional information or indicate N/A**): _____
- C. List any previous record of compliance issues or defaults on work done under any government contracts conducted by your business or any Principals of your business (**attach response as additional information or indicate N/A**): _____
- D. List of any formal debarment or suspension from entering into contracts with any governmental agency or other notification or ineligibility for or prohibition against bidding or proposing on government contracts (**attach response as additional information or indicate N/A**): _____
- E. List any denial of a contract based on any obligation to, or unsatisfied judgment or lien held by, a governmental agency (**attach response as additional information or indicate N/A**):

- F. Has your business or any of its Principals been subject to any prior or pending voluntary or involuntary bankruptcy proceedings? [] N or [] Y (**if Yes, attach response as additional information**).
- G. Has your business or any of its Principals had a negative history with any City of Kingston or County of Ulster agency, including but not limited to the respective local building department? [] N or [] Y (**if Yes, attach response as additional information**).

9) PROJECT EXPERIENCE

List of projects currently underway, in contract or completed in the past twelve (12) months

A. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

B. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

C. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

D. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

E. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

10. Disclosure of Major Subcontractors

List at least three (3) subcontractors with whom you have contracted for which the contract value met or exceeded \$25,000 in the past five (5) years.

A. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

B. Address: _____

Type(s) of Work: _____

Value of Contract: _____

Completion Date: _____

Contact person, name: _____

Contact person, company: _____

Contact person, phone: _____

Contact person, email: _____

C. Address: _____

Type(s) of Work: _____
Value of Contract: _____
Completion Date: _____
Contact person, name: _____
Contact person, company: _____
Contact person, phone: _____
Contact person, email: _____