

Contact Information

Firm Name: _____ FEIN #: _____

President's Name: _____

Contact's Name: _____ Contact's Title: _____

Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email: _____

Business Information

Primary Function: Supplier _____ Contractor _____ Service Firm _____ Other _____

Trade Areas: _____

Years Established: _____ Bonding Capacity (Single/Aggregate) & Agent: _____

Average Job Size: _____ Sales 2012: _____ Sales 2013: _____ Sales 2014: _____

Largest Contract: _____ Projected Sales 2015: _____

Union / Non-Union: _____

Union Affiliations: _____

Union Locals: _____

Experience Modification Rating: _____ Dun & Bradstreet No. _____

Insurance Agent/Carrier & Limits: _____

Banking Organization: _____

Completed Projects References

Name of Project: _____

Contact for Project: _____

Email/Phone#: _____

Name of Project: _____

Contact for Project: _____

Email/Phone#: _____

Name of Project: _____

Contact for Project: _____

Email/Phone#: _____

Current List of Projects

*Provide a list of current projects.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____
- 5.) _____
- 6.) _____
- 7.) _____
- 8.) _____
- 9.) _____
- 10.) _____

Business References

Minimum of (4): One reference must be from a Bank.

- 1.) _____
- 2.) _____
- 3.) _____
- 4.) _____

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Subcontractor Questionnaire

- 1.) Has your organization, or any principal ever sought protection under bankruptcy or receivership laws? Yes_____ No_____

If so, please note when, why and explain in detail.

- 2.) Has your organization, or any principal, ever failed to complete any work awarded to you or has your firm ever defaulted on a performance bond? Yes_____No_____

If so, please note when, why and explain in detail.

- 3.) Has your organization, or any principal, ever failed to pay laborers, subcontractors, suppliers, etc., or has your firm ever defaulted on a payment bond? Yes_____No_____

If so, please note when, why and explain in detail.

- 4.) Can you meet Schramm's insurance coverage(s)? Yes_____ No_____

GL \$1,000,000.00

Worker's Compensation \$1,000,000.00

Auto \$1,000,000.00

Umbrella \$5,000,000.00

Do you carry Waiver of Subrogation? Yes_____ No_____

These requirements will need to be in place for the duration of the work and for (3) years after completion.

- 5.) Are you currently involved in any pending lawsuits? If yes, indicate how many and provide a court reference number for each. Yes _____ No_____

No. _____ Court Reference No. _____

No. _____ Court Reference No. _____

No. _____ Court Reference No. _____

I certify that all information provided in this document is true and accurate.

By: _____(Signature must be by an Officer of the company)

Print Name and Title: _____Date: _____

Upon completion, please send to:

Address: 3520 Swenson Avenue, St. Charles, IL 60174

Email: bserna@schrammconstruction.com

Fax: 630.584.1550