

**Instructions**

This questionnaire will be used to Pre-Select Subcontractors who want to do business with NV2A Group. Please note that some questions may not be applicable for your company, but please try to answer all questions and insert N/A where necessary. If additional space is required, attach additional information at the end of this form – please refer to the specific question number.

Prepared By:					
Title:					
Date:					
Name of Firm:					
Address:					
City:		State:		Zip:	
Phone:		Fax:			
Website:					
Parent Company:					
Affiliates, Divisions and Subsidiaries with addresses (please list by Country):					

**1. GENERAL DATA**

a) Type of Work (i.e. Design or Construction, Civil, Mechanical, Electrical, etc.)

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Specialty:

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b) Firm Established (Date): \_\_\_\_\_

c) Type of Organization:     Sole Proprietorship     Partnership     Corporation

d) Is your organization a Small Business?     Yes     No

e) If you answered yes to the previous question, please indicate the type of Small Business qualifications your organization has (i.e.: Small Disadvantaged Business, Woman-Owned Small Business, Severe Disabled Veteran-Owned Small Business, HUB Zone Small Business, etc.)

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f) Is the firm currently under bankruptcy risk or involved in any lawsuit with clients, suppliers, or subcontractors? If yes, explain.

Four horizontal lines for providing an explanation.

2. COMPANY OFFICIALS:

- a) President:
b) Head of Construction:
c) Head of Procurement:
d) Manager of Quality Improvement Process:
e) Contact Person for Bidding:
Phone: Mobile: E-Mail:

3. BUSINESS VOLUME:

Average Annual Billing Volume last 5 years: (\$)
Estimated Backlog: (\$)
Current Dollar Value of Work Under Contract: (\$)

Please provide latest Certified Financial Statement

4. TYPES OF CONTRACTS ACCEPTED:

- a) Lump Sum Cost Plus Unit Price Other
b) Minimum Value of Work Accepted: (\$) c) Maximum Value of Work Accepted: (\$)
d) Construction Management General Contractor Design-Build Other

5. PERSONNEL:

- a) Total permanent employees:
b) Permanent employees for field construction:

6. PAYMENT AND PERFORMANCE BONDS:

Bondable limitation on work accepted: (\$)
Bonding company and rating:
Contact:
Telephone:

**7. TYPES OF CONTRACT WORK PERFORMED:**

Mark below the types of services your firm performs:

<input type="checkbox"/>	DESIGN / ENGINEERING	<input type="checkbox"/>	CIVIL CONSTRUCTION
<input type="checkbox"/>	BUILDING CONSTRUCTION	<input type="checkbox"/>	DRAINAGE / UTILITIES
<input type="checkbox"/>	MECHANICAL	<input type="checkbox"/>	PLUMBING
<input type="checkbox"/>	ELECTRICAL	<input type="checkbox"/>	FINISHES
<input type="checkbox"/>	OTHER:	<input type="checkbox"/>	

**8. INSURANCE:**

- a) Are you capable of providing Worker's Compensation Insurance coverage in the minimum amount of \$500,000?  
If no, please indicate the amount you can provide:  Yes  No \_\_\_\_\_ \$
- b) Are you capable of providing Comprehensive General Liability Insurance with minimum limits of \$1,000,000/\$2,000,000 for property and personal injury damage?  
If no, please indicate the amount you can provide:  Yes  No \_\_\_\_\_ \$
- c) Are you capable of providing Automobile Liability Insurance, covering all owned, non-owned and hired vehicles used in connection with the work in an amount of not less than \$1,000,000 combined single limit bodily injury and property damage liability?  
If no, please indicate the amount you can provide:  Yes  No \_\_\_\_\_ \$

**9. QA/QC:**

- a) Do you have a QA/QC program manual?  Yes  No

**10. SAFETY:**

Safety is a major criteria utilized in the selection of Contractors performing work for NV2A Group. Please ensure all information submitted is accurate and complete. NV2A's first process will be to ensure compliance with OSHA minimum standards; however, NV2A's ultimate goal will be "ZERO ACCIDENTS".

<http://osha.gov/pls/imis/establishment.html>

**OSHA 300 SAFETY INFORMATION**

<b>SAFETY DATA</b>	2013	2014	2015
a) Recordable Injury/Illness Cases (TCIR) (total of columns G through J on 300 logs)	_____	_____	_____
b) Days Away Injury/Illness Cases (DAFWII) (total of column H on 300 log)	_____	_____	_____
c) Days Away, Restricted & Transfer Cases (DART) (total of columns H through I on 300 log)	_____	_____	_____
d) Number of Fatalities (total of column G on 300 log)	_____	_____	_____
e) Days away from work (total of column K on 300 log)	_____	_____	_____
f) Days on job transfer or restriction (total of column L on 300 log)	_____	_____	_____
g) Total Case Incident Rate (use formula below)	_____	_____	_____
h) DART Rate (use formula below)	_____	_____	_____
i) Total Hours Worked by All Employees	_____	_____	_____

**Formula: # of cases x 200,000 / Total Hours Worked by all employees**

**DART – Days Away Restricted Transfer Time Rate (all cases except medical only)**

