

## Small Business / OSHA Non- Conforming SUBCONTRACTOR SAFETY QUESTIONNAIRE

Title	Small Business / OSHA Non- Conforming Subcontractor Safety Questionnaire		Rev. Date	06/02/2011
Control Number	FORM-PUR-004			
Purpose	<i>All prospective OSHA Non-Conforming subcontractors/suppliers interested in working on SBM projects are required to complete this Questionnaire. The contents of this questionnaire will be considered confidential and used solely to determine your business's qualifications and will not be disclosed to others.</i>			
Department	Procurement: EHS			
Author	Various	Owner	Brian Anderson	
Document Type	Form			
<b>Revision Date</b>	<b>Description of Changes</b>			<b>Approved By</b>

**Please direct any questions or return the completed form to:**  
[ContractorSafety@sbmcorp.com](mailto:ContractorSafety@sbmcorp.com) **OR** eFax: (916) 471-0432

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

SBM Site Location Name: \_\_\_\_\_

**I. General information**

- A. Name (Full Legal) of your business: \_\_\_\_\_
- B. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- C. Contact name and title:  
\_\_\_\_\_
  - a. Business number: \_\_\_\_\_
  - b. Mobile/Direct Number: \_\_\_\_\_
  - c. Fax number: \_\_\_\_\_
  - d. Email: \_\_\_\_\_
- D. Applicable SIC code(s): \_\_\_\_\_
- E. Are you listed in Dun & Bradstreet?
  - a. \_\_\_ No \_\_\_ Yes
  - b. If yes, what is your DUNS Number? \_\_\_\_\_
  - c. Is your operation **union** or **non-union** or **both** please indicate here:
  - d. \_\_\_ UNION \_\_\_ NON-UNION \_\_\_ BOTH
- F. Trade: \_\_\_\_\_

**II. Organization**

- A. Business type:
  - a. Corporation Partnership
  - b. Limited Liability
  - c. Company Sole P roprietor
  - d. other (specify) \_\_\_\_\_
- B. Date founded: \_\_\_\_\_ State of formation: \_\_\_\_\_
- C. **Please indicate the following information about all officers, managers and principals on a separate sheet:**
  - a. Full name,
  - b. title,
  - c. age,
  - d. length of time in this position

D. List all other names your firm has conducted operations

E. Is your firm owned or controlled by a parent or any other organization? No \_\_\_ Yes \_\_\_

If yes, please describe.

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A. Small Business Concern: No \_\_\_ Yes \_\_\_

B. If yes:

a. Disadvantaged Owned: \_\_\_\_\_

b. Women Owned: \_\_\_\_\_

c. Veteran Owned: \_\_\_\_\_

d. Service Disabled Veteran Owned: \_\_\_\_\_

e. HUB Zone: \_\_\_\_\_

f. M/WBE Status: \_\_\_\_\_

g. Other (please describe):

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### III. Licensing information

- A. Please provide copies of all trade and professional licenses, if any, required for you to perform your services.
- a. Type of license:  
\_\_\_\_\_
  - b. Name of Licensee:  
\_\_\_\_\_
  - c. State License number:  
\_\_\_\_\_
- B. Has any license ever been denied or revoked?
- a. No \_\_\_ Yes \_\_\_
  - b. If yes, please describe on a separate sheet.
- C. Has a complaint ever been filed with a Contractor's State License Board against your firm?
- a. No \_\_\_ Yes \_\_\_
  - b. If yes, please explain briefly the circumstances on a separate sheet.

### IV. Work experience

- A. Please provide a list of major projects your firm **has completed in the last three years** showing;
- a. Project name
  - b. Location
  - c. Owner
  - d. Architect/engineer
  - e. General contractor
  - f. Contract amount
  - g. Completion date
  - h. Contact person with telephone number
- B. What is your average job size in dollars? \_\_\_\_\_
- C. What was your largest job ever completed in dollars? \_\_\_\_\_
- a. In what year? \_\_\_\_\_
- D. What is your backlog in dollars?
- a. As of today? \_\_\_\_\_
  - b. As of last financial statement? \_\_\_\_\_
  - c. As of 12 months ago? \_\_\_\_\_

- E. Has your firm or any other organization with which your officers or owners were involved **during the past three years**, ever failed to complete any work awarded or been terminated for cause?
  - a. No \_\_\_ Yes \_\_\_
  - b. If yes, please provide a complete explanation.
  
- F. Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officers or principals?
  - a. No \_\_\_ Yes \_\_\_
  - b. If yes, please provide a complete explanation.
  
- G. Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years?
  - a. No \_\_\_ Yes \_\_\_
  - b. If yes, please provide a complete explanation.
  
- H. Has your firm or any other organization with which your officers or owners were involved during the past three years, ever been in bankruptcy or a voluntary or involuntary reorganization?
  - a. No \_\_\_ Yes \_\_\_
  - b. If yes, please provide a complete explanation.
  
- I. Has your surety ever finished one of your construction projects?
  - a. No \_\_\_ Yes \_\_\_
  - b. If yes, please provide a complete explanation.

**V. Financial information**

- A. Please provide your firm's most recent financial statement (audited, if available) for the entity that will be signing the subcontract.
- B. Please indicate this year's **estimated** annual sales volume? \$\_\_\_\_\_
- C. Please indicate below the annual sales volume for the last three (3) years?
  - a. Year \_\_\_\_\_ \$\_\_\_\_\_
  - b. Year \_\_\_\_\_ \$\_\_\_\_\_
  - c. Year \_\_\_\_\_ \$\_\_\_\_\_

- D. Please provide the following financial information from the above financial statement:
- a. Working Capital: \$ \_\_\_\_\_
  - b. Net Worth: \$ \_\_\_\_\_
  - c. Your Current ratio \_\_\_\_\_
    - i. = current assets divided by current liabilities
  - d. Your Leverage ratio \_\_\_\_\_
    - i. = total liabilities divided by net worth (defined as assets minus liabilities)
- E. Please attach a list of major projects your firm **currently has in progress** indicating;
- a. Project name
  - b. Location
  - c. Owner
  - d. Architect/engineer
  - e. General contractor
  - f. Contract amount
  - g. Percent complete and scheduled
  - h. Completion date
  - i. Contact person with telephone number.

**VI. References**

- A. Banking reference: \_\_\_\_\_
- B. Bonding reference: \_\_\_\_\_
- C. Bonding agent Name: \_\_\_\_\_
- D. Bonding agent Contact and Telephone: \_\_\_\_\_
- E. Bonding agent address: \_\_\_\_\_
- F. Bonding company: \_\_\_\_\_
- G. Surety's AM Best Rating: \_\_\_\_\_
- H. Bonding capacity: single limit \$ \_\_\_\_\_ Total program bonding limit \$ \_\_\_\_\_

**VII. Safety and health**

A. Please list your firm’s Workers compensation interstate experience modification rate for the **most recent three years** (If available, please attach a copy of your insurance agent’s verification letter).

a. Year: \_\_\_\_\_ Experience Modification Rating: \_\_\_\_\_

b. Year: \_\_\_\_\_ Experience Modification Rating: \_\_\_\_\_

c. Year: \_\_\_\_\_ Experience Modification Rating: \_\_\_\_\_

B. Do you have a full-time safety representative?

a. No \_\_\_ Yes \_\_\_

C. Has your firm had any OSHA fines or jobsite fatalities **within the last three years**?

a. No \_\_\_ Yes \_\_\_

b. If yes, please provide a complete explanation.

D. Please **attach copies of your OSHA No. 300 Log(s)** for the most recent three years along with your most current log to date of this submission.

E. Please **attach copies of your OSHA Recordable** Incident Rate and Lost Workday Incident Rate for the most recent three years including current year to date.

**VIII. Additional information**

Please attach any additional information you feel will help us determine your firm’s qualifications and expertise, including owner or general contractor references, etc.

By signing below as the contractor's authorized and designated representative, I warrant and represent that the information provided in this questionnaire is accurate and complete. It represents policies, practices and procedures that have been and will remain effectively implemented during any work that the contractor is hired to perform.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

\_\_\_\_\_  
SBM Approval

\_\_\_\_\_  
Date