

Subcontactor / Vendor Questionnaire

Date:		
Company Name:		
DBA (if applicable):		
In the past five years has the company oper	rated under any other company name? Yes No No	
If yes, provide prior name:		
Tax ID:	Type of Organization (ie Corp, LLC):	
Contact Name:		
Contact Phone:		
Contact Email:		
Company Full Address:		
Company Website:		
Years in Business:	Number of Employees:	
Type of Business (ie painting, electrical):		
Regions Serves:	Union Affiliations:	
Is Business a MBE SBE	WBE Other	
Has company or affiliates filed bankruptcy in the past ten years: Yes No Has your organization ever failed to complete any work awarded to it? Yes If yes, explain:		
Are there any judgments, claims, arbitration your organization or its officers?	n proceedings or suits pending or outstanding against	
Yes If yes, explain:	No	
Has your organization filed any lawsuits or r the last five years?	requested arbitration with regard to construction contracts within	
Yes If yes, explain:	No	
Has there been any significant accidents on five years? Yes If yes, explain:	job sites involving or caused by company employees in the past No	
Certificate of Insurance provided: Yes	No No	
DOB Safety Training / Licenses:		

Please provide safety training certificates for employees in the field. Site Safety Worker Card, OSHA, etc.



List 3 Project References from the last (3) Years (company, description work, address, contact, phone, em	ail):
1.	
2.	
3.	
Key People	
Key People (principals, directors, officers or anyone with 10% or more company ownership). Please attach	
additional sheets if necessary. Please list full name, home address, dates of employment, % ownership	
1.	
2.	
3.	
Certification	
I,(name), state that I am(position) of	:
(the company). I have read and understand the questions contained in	
the attached questionnaire.	
To the best of my knowledge, the information I have provided in response to each question is full, complete, accurat and truthful as of the date below. I recognize that all the information provided is for the express purposes of either contracting with WJ Regan & Company, LLC or to approve the award of a contact to the company.	e
I acknowledge that WJ Regan & Company, LLC may take steps to verify the accuracy, truth and completeness of the answers to the questions I provided. I authorize WJ Regan & Company, LLC to contact any person or entity for purpo of verifying the information supplied by me.	
I agree to give prompt written notice to WJ Regan & Company, LLC if any of my responses are no longer accurate. U receipt of such notice, WJ Regan & Company, LLC shall be entitled at its sole option to terminate any contract that e with the company, whereupon company shall forfeit any claims to payment.	•
Name: Signature:	
Date:	