



**Facilities Purchasing Contractor Application
Contractor Questionnaire**

Revised 4/11/2018

Yale University
Contractor Questionnaire

Contractor Contact Information			
Company Name:			Date:
Contact Name:	Contact Title:		
Telephone Number:	Fax Number:	Email:	
Business Address:	Mailing Address (if different):		

Contractor Questions	
What kind of work is this company's specialty?	
In what year was this company established?	
Is this company a subsidiary of, or owned by, a parent company?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this company have any branch offices, or own any subsidiary companies?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this company provide services as a "Developer" or in partnership with developers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does this company have an up-to-date Affirmative Action program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this company ever been cited for non-compliance in matters of Affirmative Action?	<input type="checkbox"/> Yes <input type="checkbox"/> No
For all "Yes" responses above, please provide additional pertinent information below:	

Contractor Company Information	
Type of Organization:	
<input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (please specify): _____	
Does this company qualify as any of the following?	
<input type="checkbox"/> Small Business; if so, date certified: _____ <input type="checkbox"/> Disadvantaged Business Enterprise (as defined by the City of New Haven); if so, date certified: _____ <input type="checkbox"/> Minority Business Enterprise; if so, date certified: _____ <input type="checkbox"/> Union Shop <input type="checkbox"/> Women Owned Business; if so, date certified: _____ <input type="checkbox"/> Open Shop <input type="checkbox"/> Veteran Owned Business; if so, date certified: _____ <input type="checkbox"/> Other (please specify): _____	
Is this company willing to enter into a Project Labor Agreement ("PLA")?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is this company's Experience Modification Rate ("EMR")?	
How many of the following, if any, does this company regularly maintain on staff as employees?	
_____ office & clerical _____ attorneys _____ forepersons _____ apprentices/trainees _____ engineer (P.E.s) _____ project managers _____ skilled tradespersons _____ casual labor _____ estimators, draftspersons _____ supervisors _____ skilled labor	
What percentage of this company's business volume is obtained from each of the following?	
_____ %, as a Prime Contractor, using our own forces _____ %, as a Prime Contractor, using another prime contractor _____ %, as a Prime Contractor, using sub-contractors _____ %, performing work for which this company is "at risk" as investor or owner	

Key Personnel

Please provide the names of three (3) officers or partners, as appropriate:

1. Name:		Title:	
2. Name:		Title:	
3. Name:		Title:	

Please provide the names of key personnel in the company other than the officers or partners listed above. For each individual, list the years of experience with this company, years of experience with other companies, education level, any registrations and licenses, and their qualifications.

Contractor Experience

Please provide a list of major projects this company has completed in the past three (3) years. For each, identify:

- project name and location;
- project type;
- work performed;
- cost of the work;
- completion date;
- owner's name, contact, and telephone number; and
- architect's name, contact, and telephone number.

Construction Management	
If this company offers Construction Management services, please attach a separate document describing the company's Construction Management philosophy. Please include the following: budgeting and estimating practices; scheduling practices; value engineering practices; and project management practices.	

Financial Statement	
If asked, is this company willing to provide a current financial statement?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Claims and Lawsuits	
Has this company ever failed to complete any work awarded to it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are there any judgments, claims, arbitration proceedings, or lawsuits pending or outstanding against this company or its officers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has this company ever filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any officer or principal of this company ever been an officer or principal of another organization when it failed to complete a construction contract?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any officer or principal of this company ever been an officer or principal of another organization when it had any judgments, claims, arbitration proceedings, or lawsuits pending against it?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has any officer or principal of this company ever been an officer or principal of another organization when it filed any lawsuits or requested arbitration against an owner?	<input type="checkbox"/> Yes <input type="checkbox"/> No

For all "Yes" responses above, please provide additional pertinent information below:

Insurance		
In the space below, please indicate this company's insurance carrier. Include the carrier's name, contact person, address, and telephone number.		
Current limits for:	Each Occurrence	General Aggregate
Commercial General Liability		
Automobile Liability		
Workers' Compensation		
Umbrella/Excess Liability		
Pollution Liability		

Surety	
Name of Bonding Company:	
Bonding Capacity:	
Name of Bonding Agent:	
Address of Bonding Agent:	

References - <u>Required</u>			
Clients	Company Name	Contact Name	Telephone Number
1.			
2.			
3.			
Architects & Engineers			
1.			
2.			
3.			
Trade References			
1.			
2.			
Bank References			
1.			
2.			

Contractor Representative Signature			
By signing and dating below, I certify that the information provided above on this form is true and accurate to the best of my knowledge.			
Signature:		Date:	