



Corporate Headquarters:

3031 W. Grand Blvd.

Suite 624

Detroit, Michigan 48202-3008

(tel): 313.870.2800

(fax): 313.870.2810

Regional Office:

45500 Grand River Ave.

P.O. Box 8018

Novi, Michigan 48376

(tel): 248.348.8710

(fax): 248.348.6251

Contractor Qualification Questionnaire

Welcome, new subcontractors and vendors!

To better serve our clients, DeMaria Building Company maintains an approved subcontractor/vendor list that is continuously reviewed and updated. DeMaria requires that all new subcontractors and vendors submit a response to our "Contractor Qualification Questionnaire." All submitted information is held in strict confidence.

- Print out this document
- Fill out the form completely
- Mail the completed form along with your current financial statement and other required attachments to the following address:

DeMaria Building Company
ATTN: Sub/Vendor Alliance Team
45500 Grand River
P.O. Box 8018
Novi, MI 48376

Be sure to provide all requested details to prevent any delay in the approval process.

Please note that DeMaria is signatory to the following unions: *Carpenters, Teamsters, Cement Masons, Laborers, Operator's* and therefore cannot contract with non-union subcontractors in these trades.

If you have any questions or require assistance, please contact a member of our Subcontractor/Vendor Alliance Team at (248) 348-8710.





Contractor Qualification Questionnaire

1. Company: _____

2. Address: _____

3. Website: _____

4. Phone: _____ Fax: _____

5. Contact person(s): _____

6. E-mail address: _____

7. How many years has your firm been in business as a contractor? _____

How many years has your firm been in business under its present name? _____

Under what other or former names has your organization operated? _____

8. Type of organization (please check one):

Corporation

Partnership

Individually owned

Other (describe) _____

Date of incorporation or organization: _____

Please provide names & titles of principals (e.g., CEO, president, partners, owner):

9. Is your company union or non-union? _____

If union, please list all locals that you are signatory to:



16. Preferred Market(s): (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Health Care / Hospital | <input type="checkbox"/> Airport |
| <input type="checkbox"/> Educational | <input type="checkbox"/> Church |
| <input type="checkbox"/> Industrial | <input type="checkbox"/> Jail/Prison |
| <input type="checkbox"/> Commercial | <input type="checkbox"/> Design-build |
| <input type="checkbox"/> Multi-unit Housing | <input type="checkbox"/> Waste Water Treatment |

17. Division(s) of Work: (Please check all that best describe your company's function)

- | | |
|---|---|
| <input type="checkbox"/> Div. 2 Earthwork | <input type="checkbox"/> Div. 10 Specialties |
| <input type="checkbox"/> Div. 3 Concrete | <input type="checkbox"/> Div. 11 Equipment |
| <input type="checkbox"/> Div. 4 Masonry | <input type="checkbox"/> Div. 12 Furnishings |
| <input type="checkbox"/> Div. 5 Metals | <input type="checkbox"/> Div. 13 Special Construction |
| <input type="checkbox"/> Div. 6 Carpentry | <input type="checkbox"/> Div. 14 Conveying Systems |
| <input type="checkbox"/> Div. 7 Thermal & Moisture Protection | <input type="checkbox"/> Div. 15 Mechanical |
| <input type="checkbox"/> Div. 8 Doors & Windows | <input type="checkbox"/> Div. 16 Electrical |
| <input type="checkbox"/> Div. 9 Finishes | <input type="checkbox"/> Other (please list) _____ |

18. Preferred Region(s) of Work: (Please check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Genesee County | <input type="checkbox"/> Oakland County |
| <input type="checkbox"/> Lapeer County | <input type="checkbox"/> Washtenaw County |
| <input type="checkbox"/> Livingston County | <input type="checkbox"/> Wayne County |
| <input type="checkbox"/> Macomb County | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Monroe County | <input type="checkbox"/> Out of State |

19. Preferred Cities to do Work: (Please check all that apply)

- | | | |
|------------------------------------|--|--------------------------------|
| <input type="checkbox"/> Ann Arbor | <input type="checkbox"/> Lansing | <input type="checkbox"/> Flint |
| <input type="checkbox"/> Detroit | <input type="checkbox"/> Other (please list) _____ | |



20. OUT OF STATE: (Please list the States your company is licensed to do business in)

21. What is your firm's project size capacity? (Please state minimum and maximum project values.)

Minimum: \$ _____ Maximum: \$ _____

22. Preferred Project Size: (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Under \$50,000 | <input type="checkbox"/> \$50,000 to \$100,000 |
| <input type="checkbox"/> \$100,000 to \$200,000 | <input type="checkbox"/> \$200,000 to \$500,000 |
| <input type="checkbox"/> \$500,000 to \$1,000,000 | <input type="checkbox"/> \$1,000,000 to \$3,000,000 |
| <input type="checkbox"/> \$3,000,000 to \$6,000,000 | <input type="checkbox"/> \$6,000,000 to \$10,000,000 |
| <input type="checkbox"/> \$10,000,000 to \$15,000,000 | <input type="checkbox"/> Over \$15,000,000 |

23. Safety

Do you have a written Safety Package? Yes No

Current Incident Rating: _____

(To calculate: $\frac{[\# \text{ (Recordable Injuries or Lost Work Day Injuries)} \times 200,000]}{\text{Exposure Hours}} = \text{Incident Rate (RIR or LWIR)}$)

Please provide your company's Experience Modification Rate (EMR) for the past three years, and *attach proof of current EMR from your insurance agent.*

Year (current): _____	EMR Rating: _____
Year: _____	EMR Rating: _____
Year: _____	EMR Rating: _____

Has OSHA cited you in the past three years? Yes No
If yes, explain in detail and *attach to this form.*

Are you registered with Safe2Work? Yes No
Do you have the required number of modules completed? Yes No



24. Quality

Does your firm have a written quality plan? Yes No

Does your firm have a quality officer? Yes No

If yes, please provide the following information:

Name: _____ Title: _____

Phone: _____

Is your company currently Q1 registered? Yes No

Is your company currently ISO registered? Yes No

25. Does your firm have AutoCAD capability? Yes No

Software version: _____

26. Does your firm have design/build capability? Yes No

If yes, please provide the following information:

Typical amount of work self-performed: _____%

Total number of employees: _____

List design/build projects completed within the past two years:

27. References

Owners / General Contractors

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____



Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Architects

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Suppliers

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____



27. References (continued)

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Bank

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

28. What is your DUNS number? _____

29. What is your Dun & Bradstreet (D&B) rating? _____

30. Please list your professional liability insurance carrier and limits

31. Experience

Please list projects currently in progress

Owner/Project	Architect	Contract Amount	Percent Complete	Type



Please list projects completed within the past two years

Owner/Project	Architect	Contract Amount

32. Claims & Suits (If the answer to any of the questions below is yes, *please attach details.*)

Has your organization ever failed to complete any work awarded to it? Yes No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes No

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? Yes No



Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes No

33. Please attach a *CURRENT* financial statement, preferably audited, including your organization's latest balance sheet and income statement, showing current assets, net fixed assets, other assets, current liabilities, and other liabilities. All information will be kept in strict confidence.

Who prepared the attached financial statement?

Firm name: _____

Address: _____

Date prepared: _____

Is the attached financial statement for the organization named on page one? Yes No

If not, please explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent, subsidiary). _____

Will the organization whose financial statement is attached act as a guarantor of the contract for construction? Yes No

The Contractor Qualification Questionnaire **must** be filled out completely. For confidential purposes, please send all completed forms and attachments in a sealed envelope to:

DeMaria Building Company
ATTN: Sub/Vendor Alliance Team
45500 Grand River
P.O. Box 8018
Novi, MI 48376