



# CONTRACTOR QUALIFICATION QUESTIONNAIRE

Company Name:

Date:

Address:

County:

Contact Persons:

Phone:

(1)

E-mail Address:

Website:

(2)

E-mail Address:

**TYPE OF BUSINESS** (please check one):

Corporation

Partnership

Individually

Other (describe):

Date of incorporation or organization:

Tax ID #:

Is your company:  Union  Non-union

Is your company bondable?  Yes  No

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?

Names, titles of principals (e.g., CEO, president, partners, owner), and parish affiliation, if any:

**TRADES/DIVISION(s) of WORK:**

(Please check all that apply)

- Asbestos Mitigation
- Concrete
- Doors
- Electrical
- Excavation/Demolition
- Flooring
- General Contractor
- Gutters/Siding
- Landscaping
- Life Safety
- Masonry
- Mechanical
- Painting
- Paving
- Plumbing
- Restoration
- Roofing
- Security
- Specialty Finishes
- Windows
- Other

**PREFERRED REGIONS(s) of WORK:**

- Ashland County
- Cuyahoga County
- Lake / Geauga County
- Lorain County
- Medina County
- Summit County
- Wayne County

**PREFERRED PROJECT SIZE:**

(Please check all that apply)

- Under \$50,000
- \$50,000 - \$100,000
- \$100,000 - \$300,000
- \$300,000 - \$500,000
- \$500,000 - \$1,000,000
- \$1,000,000 - \$3,000,000 +

**INSURANCE / BOND DOCUMENTS**

(Please check all able to be provided)

- Letter of Bondability
- General Liability
- \$1M Limit per occurrence, \$2M aggregate
- Workers Compensation Coverage
- Comprehensive Auto Coverage
- \$1M per occurrence
- Employers Liability \$1M Limit
- Installation Floater with \$1M Limit
- Umbrella with \$2M Limit

**DESIGN COLLABORATION**

Does your firm provide design collaboration or pre-construction services? Yes No (If yes, please provide the following)

Typical amount of work self-performed: \_\_\_\_\_ %

Total number of employees: \_\_\_\_\_

**SAFETY** (for companies with more than 5 employees)

Do you have a written Safety Package? Yes No  
 Has OSHA cited you in the past three years? Yes No  
 (If yes, explain in detail and attach to this form.)

**ANNUAL VOLUME OF WORK** (past 5 years):

YYYY \$ AMOUNT

Year 5:

Year 4:

Year 3:

Year 2:

Year 1:

**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 with the last five years? Yes No

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

Has your organization been the subject of or filed for bankruptcy in the past ten (10) years? Yes No

**REFERENCES (Up to three)**

**Owners / General Contractors / Sub Contractors**

Business Name:	Business Name:	Business Name:
Contact Person/Title:	Contact Person/Title:	Contact Person/Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:

**Architects (If Applicable)**

Firm Name:	Firm Name:	Firm Name:
Contact Person/Title:	Contact Person/Title:	Contact Person/Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:

**Suppliers**

Supplier Name:	Supplier Name:	Supplier Name:
Contact Person/Title:	Contact Person/Title:	Contact Person/Title:
Address:	Address:	Address:
Phone:	Phone:	Phone:

**Financial Institution**

Bank Name:	Contact Person / Title:
Address:	Phone:

**IF SPECIFICALLY REQUESTED**, for all major projects contractor may be required to submit a CURRENT financial statement. All information will be kept in strict confidence.

**EXPERIENCE**

statement. All information will be kept in strict confidence.

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

Please download, complete and submit CQQ form via email: [facilities@dioceseofcleveland.org](mailto:facilities@dioceseofcleveland.org).

Be sure to provide all requested details to prevent delay in the pre-qualification process. If you have any questions or require assistance, please contact Facilities Services at 216-696-6525 or email at [facilities@dioceseofcleveland.org](mailto:facilities@dioceseofcleveland.org). Thank you for completing the Contractor Qualification Questionnaire.