



SERVING FLORIDA WITH OFFICES IN MIAMI & ORLANDO
6355 NW 36TH STREET, SUITE 608, MIAMI, FL 33166
MIAMI: 305.443.5808 • ORLANDO: 407.792.6555

NEW VENDOR QUESTIONNAIRE

_____ **Subcontractor**

_____ **Supplier**

NOTE: Near the bottom of the form is an area devoted to your company's scope of work. This particular section of the form will assist us in identifying potential work that may be of interest to your company on projects we are bidding on. PLEASE ensure that this section is completed. If you are unsure of the specific CSI number, simply complete the description of your scope. Feel free to add an additional page as needed.

General Information:

Company Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Fax: _____

Web: _____

Email: _____

LICENSE #: _____

\$ _____ Low Bid Capacity

\$ _____ High Bid Capacity

Contacts: (*list PRIMARY estimating contact first)

1. First Name: _____

Last Name: _____

*Role: _____

Phone: _____

Email: _____

2. First Name: _____

Last Name: _____

*Role: _____

Phone: _____

Email: _____

*Role
1-Chief Estimator
4-Owner
7-Sales/Marketing

2 -Estimator
5-Project Manager
8-Vice President

3-Operation's Manager
6-President
9-EEO/AA



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<u>County</u>	<u>Scope of Work:</u> (list all that apply)	
_____	(CSI): _____	Description: _____
_____	(CSI): _____	Description: _____
_____	(CSI): _____	Description: _____
_____	(CSI): _____	Description: _____

Safety:
(This information is confidential and only used to determine the value of safety in your company)

Experience Modification Rate:
List your firm's Worker's Compensation Interstate (EMR) for the past three years:

Year _____	EMR _____
Year _____	EMR _____
Year _____	EMR _____

Minority Agency Status: (list all that apply)

<u>CERTIFICATION AGENCY</u>	<u>TYPE OF CERTIFICATION</u>
_____	_____
_____	_____
_____	_____

Please return this questionnaire along with any other documentation you feel is pertinent for our consideration via fax to 305.443.5939 or email us at: estimating@usconstructioncorp.com