## **Subcontractor Pre-qualification Questionnaire**

Please complete and submit the following questionnaire, along with a copy of your W-9 and insurance to billing@lylebuilds.com. Call 918-742-0999 with any questions.

## **GENERAL INFORMATION**

Company Name:				
Street Address:				
City: Stat		e: Zip		Code:
Mailing Address: (if different)		State:	Zip	Code:
Contact Name:		E-Mail:		
Telephone:		Fax:		
Website:				
Federal Taxpayer ID No:				
COMPANY INFORMAT	ION			
What year was the company	formed:			
Organized as a (check one):				
Corporation ☐ General Partnership ☐ S-Corporation ☐ Limited Partnership ☐ State of Incorporation:			Proprietors Other □	hip □
List of Owner, Officers and Ke	ey Personnel:			
<u>Name</u>	Years in Position	<u>Title</u>		%Ownership
Total Number of Employees:				

Has your company operated under any other name or in any other organization structure in the past  ${\bf 5}$ 

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years?		
Yes  No		
If yes, please explain:		
INSURANCE INFORMATION		
Insurance Agent:		
Agency Name:	City:	
Contact:	Phone:	
Email:	<u> </u>	
Insurance Company(s):		
Workers Comp Policy(s):	CGL Policy (if different):	
Company Name:	Company Name:	
Contact:	Contact:	
Phone:	Phone:	
Email:	Email:	
Excess/Umbrella Liability Policy (if different):	Auto Policy (if different):	
Company Name:	Company Name:	
Contact:	Contact:	
Phone:	Phone:	
Email:	Email:	

## **BOND INFORMATION**

What percentage of work is currently bonded?	% Largest job bonded? \$
Bonding Capacity: Aggregate limit: \$	Single project limit: ?
Bonding Agency and Agent:	
Agency Name:	
Contact:	Phone:
How Long?	
During the past five years, have any liens been filed suppliers? Yes □ No □ (Give details for any liens over \$5,0	
Has your Company or any affiliated company or an failed in business, closed a business, defaulted or fapost collateral against a loss?  Yes □ (if yes, explain) No □	
Is your Company or any of its Owners of Officers cuprosecution or defense of formal claims in connect Yes ☐ (if yes, explain and provide details) No ☐	ion with any contract, project, or subcontract?

## **WORK INFORMATION**

Work experience (Check all that apply):		
Hotel Hospital Airport Sem	i-Conductor 🔲	Interiors 🔲
Corporate Build to Suite Retail Mul	ti-Family 🔲	Industrial 🛄
Heavy / Highway Commercial	Other 🔲	
REFERENCES check your company's area of operation:		
Powde Swiffer, general contractor, subcontifactor and	l supplærfeferen	es (minimum two (2) eacl
List other states doing business in lame of Company Contact	Ph	one Number/Email
CSI divisions/trades (check all that apply):		
00 Professional Services 01 General Requirements	— — — —	
02 Site Work	09 Finishes 10 Misc. Specialties	
03 Concrete	10 Iviisc. Sp	
04 Masonry		
——————————————————————————————————————	☐ 12 Furnishings — ☐ 13 Speci <del>al Construction</del>	
☐ 06 Woods and Plastics	☐ 14 Conveying Systems	
07 Thermal and Moisture Protection	15 Mechanical	
□ 08 Doors an	☐ 16 Electrical	
Further describe the type of work that your compa		
abor Affiliations:		
Jnion □ Open Shop □ Merit Shop □	Other 🗖	

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Typical project size:						
<\$50,000 □	\$50,000 -\$250,000 🗆	\$250,000 -\$500,000				
\$500,000 -\$1,000,000 □	\$1,000,000 -\$2,500,000	>\$2,500,000 □				
Percentage of self-performed work:%						
Does your company furnish:	Labor only   Material only	☐ Labor & Materials ☐				
Please describe the largest three projects completed in the last five (5) years?						
Project/Location:	CSI Division:	_ Contract Amt:				
Project/Location:	CSI Division:	Contract Amt:				
Project/Location:	CSI Division:	Contract Amt:				
Total number of contracts now in progress?						
WE CERTIFY THAT ALL INFORMATION IN THIS QUESTIONNAIRE AND THE ATTACHMENT IS TRUE AND CORRECT. WE HEREBY AUTHORIZE LYLE BUILDING GROUP, INC. AND THEIR REPRESENTATIVES, TO INVESTIGATE DIRECTLY WITH THE REFERENCES GIVEN HEREIN, ANY INFORMATION PERTAINING TO THE UNDERSIGNED AND/OR THE INDIVIDUALS INVOLVED THEREIN. WE AUTHORIZE OUR FINANCIAL INSTITUTIONS, PRIOR AND EXISTING SURETIES, CUSTOMERS, CREDITORS AND SUPPLIERS TO RELEASE CREDIT HISTORY AND OTHER UNDERWRITING/QUALIFICATION INFORMATION.						
Submitted By:						
Name:	Title:					
Date:						