



SUBCONTRACTOR/VENDOR QUESTIONNAIRE

NV License #77693

Return to:

MSL Construction
120 Pike Street
Dayton, NV 89403
Tel 775-468-5620 – FAX 775-562-4757
Email: Bids@MSLConstruction.net

Section 1, 2, 3, 4 & 8 required to receive bid invitations.

A completed Questionnaire (all Sections) must be submitted with your bid unless it was submitted in the previous 12 months and there have been no significant changes in ownership or operations.

1. General Information

Name of Business: _____
 Street Address: _____
 City, State, Zip: _____
 Mailing Address: _____
 Telephone: _____ Fax: _____
 Website: _____
 Contact for Bidding: _____ E-mail: _____
 E-mail Address for bid invitations (if desired): _____

2. Licenses

Type of License or Number	Federal or State	Number
Federal Employer Identification Number	Federal EIN	
NV Construction Contractors Board License	Nevada	
Other:		

3. Organization

C-Corporation S-Corporation LLC Partnership Joint Venture LLP Sole Proprietor

Where Incorporated or formed? _____ Date founded? _____

Previous business names years operated? _____

Name of parent company, if any, and headquarter location? _____

Other businesses owned or controlled by your firm, its officers or principals? _____

4. Legal Information

Has your firm, its officers or principals been involved in any bankruptcy or reorganization proceedings, failed to complete any work awarded to them, defaulted, or had a contract terminated for cause within the last five years?

If yes, explain: _____

Are there any judgments, claims, lawsuits, arbitration of mediation proceedings currently pending or outstanding against your firm, its officers or principals? If yes, explain: _____

Has your firm, its officers or principals filed any claims, lawsuits, arbitration of mediation proceedings with regard to Construction contract within the last five years? If yes, explain: _____

5. Revenue

Projected revenue for this year and next year? 20__ \$_____ .20__ \$_____

Revenue for the last three years?

20__ \$_____ 20__ \$_____ 20__ \$_____

Largest individual contract completed in each of the last three years?

20__ \$_____ Contracted with/Description _____
 20__ \$_____ Contracted with/Description _____
 20__ \$_____ Contracted with/Description _____

Are key supervisory personnel on these projects still with your firm? Yes No - Attach explanation

Preferred contract size? \$_____ Current backlog? \$_____

6. Experience

✓ **Attach a list of your Current (Work In Progress) major contracts.** Provide project name, location, owner, general contractor, contract amount, scope of work, start date and scheduled completion date. Include contact names and telephone numbers.

✓ **Attach a list of Completed (within last 5 years) major contracts.** Provide project name, location, owner, general contractor, contract amount, scope of work, start date and scheduled completion date. Include contact names and telephone numbers.

Contract with MSL within the last five years, if any? _____

Identify contract and building types your firm has worked with:

- Senior Living
- Healthcare
- Renovation
- Residential
- Mult-family
- Hotel
- Skilled Nursing
- Other

Describe your firm's design and/or in-house engineering capabilities, if any? _____

7. Employees & Labor Relations

Number of Employees:

Current Year & 3 Year Average	Total	Field	Shop	Office
Current Year: 20__				
Average of previous 3 years				

Labor unions your firm is signatory with, if any? None Below

Union Name and Local Number	Expires

8. Bidding Interest

What work do you normally perform with your own forces? _____

What geographical regions are you interested in bidding? _____

North American Industrial Classification 2012 (NAICS), (e.g. 238210) _ _ _ _ _

(Visit <http://www.census.gov/cgi-bin/sssd/naics/naicsrch> for Classification)

Mark CSI Codes below to receive Invitations to Bid future work (F to Furnish and/or I to Install)

x		MSL Code	Description	x		MSL Code	Description
F	I			F	I		
<input type="checkbox"/>	<input type="checkbox"/>	02 00 00	Existing Conditions	<input type="checkbox"/>	<input type="checkbox"/>	11 10 00	Commercial Kitchen Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03 00 00	Concrete	<input type="checkbox"/>	<input type="checkbox"/>	11 20 00	Unit Kitchen Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03 10 00	Footings/Slab (Building)	<input type="checkbox"/>	<input type="checkbox"/>	12 00 00	Furnishings
<input type="checkbox"/>	<input type="checkbox"/>	03 20 00	Approaches	<input type="checkbox"/>	<input type="checkbox"/>	13 00 00	Special Construction
<input type="checkbox"/>	<input type="checkbox"/>	03 30 00	Curbs	<input type="checkbox"/>	<input type="checkbox"/>	14 00 00	Conveying Equipment
<input type="checkbox"/>	<input type="checkbox"/>	03 40 00	Sidewalks/Patios	<input type="checkbox"/>	<input type="checkbox"/>	21 00 00	Fire Suppression/Protection
<input type="checkbox"/>	<input type="checkbox"/>	03 50 00	Cast in Place	<input type="checkbox"/>	<input type="checkbox"/>	21 10 00	Fire Sprinklers
<input type="checkbox"/>	<input type="checkbox"/>	04 00 00	Masonry	<input type="checkbox"/>	<input type="checkbox"/>	21 20 00	Ansul Fire Suppression
<input type="checkbox"/>	<input type="checkbox"/>	04 10 00	Interior Masonry	<input type="checkbox"/>	<input type="checkbox"/>	22 00 00	Plumbing
<input type="checkbox"/>	<input type="checkbox"/>	04 20 00	Exterior Masonry	<input type="checkbox"/>	<input type="checkbox"/>	22 10 00	Plumbing - Rough In
<input type="checkbox"/>	<input type="checkbox"/>	05 00 00	Metals Fabrication	<input type="checkbox"/>	<input type="checkbox"/>	22 20 00	Plumbing - Finish
<input type="checkbox"/>	<input type="checkbox"/>	06 00 00	Woods, Plastics, Composites	<input type="checkbox"/>	<input type="checkbox"/>	23 00 00	Heating, Ventilating and Air Conditioning
<input type="checkbox"/>	<input type="checkbox"/>	06 10 00	Structural Carpentry Materials	<input type="checkbox"/>	<input type="checkbox"/>	23 10 00	Split Systems & RTUs
<input type="checkbox"/>	<input type="checkbox"/>	06 20 00	Structural Labor	<input type="checkbox"/>	<input type="checkbox"/>	23 20 00	PTAC
<input type="checkbox"/>	<input type="checkbox"/>	06 30 00	Finish Carpentry Materials	<input type="checkbox"/>	<input type="checkbox"/>	26 00 00	Electrical Materials & Methods
<input type="checkbox"/>	<input type="checkbox"/>	06 40 00	Finish Carpentry Labor	<input type="checkbox"/>	<input type="checkbox"/>	26 10 00	Electrical - Rough In
<input type="checkbox"/>	<input type="checkbox"/>	06 50 00	Cabinets	<input type="checkbox"/>	<input type="checkbox"/>	26 20 00	Electrical - Finish
<input type="checkbox"/>	<input type="checkbox"/>	07 00 00	Thermal and Moisture Protection	<input type="checkbox"/>	<input type="checkbox"/>	26 30 00	Electrical - Finish Units
<input type="checkbox"/>	<input type="checkbox"/>	07 10 00	Siding	<input type="checkbox"/>	<input type="checkbox"/>	26 40 00	Electrical - Finish Common Areas
<input type="checkbox"/>	<input type="checkbox"/>	07 20 00	Roofing	<input type="checkbox"/>	<input type="checkbox"/>	26 50 00	Electrical - Finish Exterior
<input type="checkbox"/>	<input type="checkbox"/>	07 30 00	Insulation	<input type="checkbox"/>	<input type="checkbox"/>	26 60 00	Generator
<input type="checkbox"/>	<input type="checkbox"/>	08 00 00	Openings	<input type="checkbox"/>	<input type="checkbox"/>	27 00 00	Communications
<input type="checkbox"/>	<input type="checkbox"/>	08 10 00	Exterior Doors	<input type="checkbox"/>	<input type="checkbox"/>	28 00 00	Electronic Safety and Security
<input type="checkbox"/>	<input type="checkbox"/>	08 20 00	Interior Doors	<input type="checkbox"/>	<input type="checkbox"/>	28 10 00	Nurse Call
<input type="checkbox"/>	<input type="checkbox"/>	08 30 00	Exterior Windows	<input type="checkbox"/>	<input type="checkbox"/>	28 20 00	Fire Alarm
<input type="checkbox"/>	<input type="checkbox"/>	08 40 00	Interior Windows	<input type="checkbox"/>	<input type="checkbox"/>	28 30 00	Controlled Egress/Access
<input type="checkbox"/>	<input type="checkbox"/>	08 50 00	Storefront Doors	<input type="checkbox"/>	<input type="checkbox"/>	28 40 00	Non-Controlled Door Alarms
<input type="checkbox"/>	<input type="checkbox"/>	09 00 00	Finishes	<input type="checkbox"/>	<input type="checkbox"/>	31 00 00	Earthwork
<input type="checkbox"/>	<input type="checkbox"/>	09 10 00	Drywall	<input type="checkbox"/>	<input type="checkbox"/>	31 10 00	Site Clearing/Grubbing
<input type="checkbox"/>	<input type="checkbox"/>	09 20 00	Paint	<input type="checkbox"/>	<input type="checkbox"/>	31 20 00	Earthmoving/Rough Grade/Finish Grade
<input type="checkbox"/>	<input type="checkbox"/>	09 30 00	FRP	<input type="checkbox"/>	<input type="checkbox"/>	32 00 00	Exterior Improvements
<input type="checkbox"/>	<input type="checkbox"/>	09 40 00	Flooring Carpet	<input type="checkbox"/>	<input type="checkbox"/>	32 10 00	Paving
<input type="checkbox"/>	<input type="checkbox"/>	09 50 00	Flooring Tile	<input type="checkbox"/>	<input type="checkbox"/>	32 20 00	Surface Painting, Striping and ADA Signage
<input type="checkbox"/>	<input type="checkbox"/>	09 60 00	Flooring Vinyl	<input type="checkbox"/>	<input type="checkbox"/>	32 30 00	Irrigation
<input type="checkbox"/>	<input type="checkbox"/>	09 70 00	Flooring Wood	<input type="checkbox"/>	<input type="checkbox"/>	32 40 00	Landscaping
<input type="checkbox"/>	<input type="checkbox"/>	10 00 00	Specialties	<input type="checkbox"/>	<input type="checkbox"/>	32 50 00	Fences - Memory Care
<input type="checkbox"/>	<input type="checkbox"/>	10 10 00	Signs-Exterior	<input type="checkbox"/>	<input type="checkbox"/>	32 60 00	Fences - Other
<input type="checkbox"/>	<input type="checkbox"/>	10 20 00	Signs-Interior	<input type="checkbox"/>	<input type="checkbox"/>	33 00 00	Utilities Connections
<input type="checkbox"/>	<input type="checkbox"/>	10 30 00	Postal Specialties	<input type="checkbox"/>	<input type="checkbox"/>	33 10 00	Electricity
<input type="checkbox"/>	<input type="checkbox"/>	10 40 00	Fireplaces	<input type="checkbox"/>	<input type="checkbox"/>	33 20 00	Gas
<input type="checkbox"/>	<input type="checkbox"/>	10 50 00	Flagpole	<input type="checkbox"/>	<input type="checkbox"/>	33 30 00	Water
<input type="checkbox"/>	<input type="checkbox"/>	10 60 00	Fire Extinguishers	<input type="checkbox"/>	<input type="checkbox"/>	33 40 00	Phones
<input type="checkbox"/>	<input type="checkbox"/>	10 70 00	Wall and Corner Guards	<input type="checkbox"/>	<input type="checkbox"/>	33 50 00	Cable/Internet
<input type="checkbox"/>	<input type="checkbox"/>	10 80 00	Bike Rack	<input type="checkbox"/>	<input type="checkbox"/>	34 00 00	Transportation
<input type="checkbox"/>	<input type="checkbox"/>	10 90 00	Toilet & Bath Accessories	<input type="checkbox"/>	<input type="checkbox"/>	46 00 00	Water and Wastewater Equipment
<input type="checkbox"/>	<input type="checkbox"/>	10 10 00	Closet Shelving	<input type="checkbox"/>	<input type="checkbox"/>	48 00 00	Electrical Power Generation
<input type="checkbox"/>	<input type="checkbox"/>	11 00 00	Equipment	<input type="checkbox"/>	<input type="checkbox"/>		

What percent of your work do you normally subcontract to others? _____

What work do you normally subcontract to others? _____

9. Safety

Workers' Compensation Experience Modification Rate (EMR) for the last five (5) years?

20__ EMR: __ 20__ EMR: __ 20__ EMR: __ 20__ EMR: __ 20__ EMR: __

If any EMR above is **greater than 1.00**, explain cause and remedial action implemented? _____

Who is responsible for safety at your firm? _____

Their title, qualifications and experience? _____

Do you have a written safety program? _____ Do you require yours subs to have a written safety program? _____

What do you do to actively promote your safety program? _____

Any OSHA (Federal or State) Serious, Willful, and/or Repeat violations within last five (5) years? If yes, Explain: _____

Provide the following information (similar to OSHA Form 300A) for the last five (5) years:

10. References

Banking - Bank Name & Branch _____ Since? _____

City, State, Zip _____ Since? _____

Contact Person _____ Telephone _____

Bonding - Bonding Company _____ Since? _____

Surety Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Insurance - General Liability Carrier _____ Since? _____

Insurance Broker/Agent _____ Since? _____

Contact Person _____ Telephone _____

Current Limits \$ _____ Claims Last 5 Years \$ _____ Outstanding # of Claims Over \$10k _____

Suppliers

A. Supplier Name & Location _____

Contact Person _____ Telephone _____

B. Supplier Name & Location _____

Contact Person _____ Telephone _____

C. Supplier Name & Location _____

Contact Person _____ Telephone _____

Contractors

A. Supplier Name & Location _____

Contact Person _____ Telephone _____

B. Supplier Name & Location _____

Contact Person _____ Telephone _____

C. Supplier Name & Location _____

Contact Person _____ Telephone _____

11. Additional Information

Provide any additional information that you feel will help us determine your qualifications: _____

What plan center, publications, or other bid information sources does your firm utilize? _____

The undersigned warrants and represents that the information provided herein is complete and accurate in all respects and explicitly authorizes the references identified herein to provide any additional information requested by MSL that it may require to complete its prequalification and/or evaluation process.

Company Name: _____

Prepared By: _____ **Title:** _____
(Must be an officer or principal of the Company)

Signature: _____ **Date:** _____

Reminders!

- **Have you attached List of Current and Completed Projects?**
(Section 6)
- **Have you provided all required Safety Information?**
(Section 9)
- **Required explanations, if any?**