

Date: _____

DONOHUE CONSTRUCTION COMPANY
SUBCONTRACTOR QUALIFICATION QUESTIONNAIRE

All fields must be completed before your application is processed.

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Fax Number: _____

Contact Person for Estimating: _____

E-mail address: _____

Trades Performed by Company: _____

Year established: _____

Type of Organization: Corporation Partnership Proprietorship

Has your firm ever operated under another name? Please list: _____

Is your company a Certified Minority Business Enterprise?

State of Virginia:	Yes _____	No _____
State of Maryland:	Yes _____	No _____
District of Columbia:	Yes _____	No _____
WMATA:	Yes _____	No _____
MWAA	Yes _____	No _____
SBA	Yes _____	No _____

List license numbers of jurisdictions in which your company is legally qualified to work: _____

Which geographic areas would your company prefer to work in? _____

Price range of work your company is best able to undertake: _____

Contract value of work accomplished by your organization in the last three (3) years:

What is the largest contract value that your company has completed? _____

Amount of current backlog: \$ _____ Date: _____

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Attach a list of major projects completed in the past five years. Include the following information:

- Project name and location
- Contract Amount
- Project Owner and General Contractor
- Contact Name and Phone Number

References

	Company	Telephone Number	Contact Person
General Contractor:	1) _____	_____	_____
	2) _____	_____	_____
	3) _____	_____	_____

Supplier:

1) _____
2) _____
3) _____

Bank Reference:

1) _____

Bonding

Can you furnish performance and labor and material payment bonds? _____

Maximum Bonding Capacity: _____

Name and address of Bonding Company and Agent: _____

Insurance

Name and address of Insurance Agent: _____

Name and address of Insurance Company: _____

Please indicate your limits of:

Commercial General Liability	\$ _____
Automobile Liability	\$ _____
Personal & Adv. Injury	\$ _____
Each Occurrence	\$ _____
Excess Liability/Umbrella	\$ _____

Please return completed form to:

estimatingbids@donohoe.com - New Construction projects

buildingenhancementsbids@donohoe.com - Building Enhancements projects

Donohoe Construction Company
Estimating Department
7101 Wisconsin Avenue, Suite 700
Bethesda, MD 20814

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F: (202) 342-3924