



H W Davis Construction, Inc. - Subcontractor / Vendor Questionnaire

Please mail, fax to 407-839-4068 or e-mail to rfb@hwdavis.com

Company Information	
Company Name :	_____
Trade:	_____
Address:	_____
	<i>We must have a physical address for overnight deliveries</i>
City, State, Zip :	_____
Telephone :	_____ Fax : _____

Contact Information	
Name	e-mail address
Request for Bids:	_____
Accounts Rec.:	_____

Statement of Business Status	
Business Type : Sole Proprietor _____ Partnership _____ Corporation _____	
Services Provided: Mat. Only _____ Mat. & Labor _____ Labor Only _____	
Insurance Carrier: Workers Comp _____ Employer's Liability _____	
Company:	_____
Address:	_____
City, State:	_____
<u>Type of Taxpayer:</u>	
Business _____ Individual _____ Govt. Agency _____ Tax Exempt Org. _____	
Is your firm Certified in any of the following? If so, please send certificate.	
Disadvantaged (LDB) _____ Small Business _____	
Minority (MWBE) _____ Women Owned _____	
<u>If you are a DBA Please Provide the Following</u>	
Company Name:	_____
DBA Name:	_____
I certify the above Statement of Business Status is correct and true to the best of my knowledge.	
Name (Typed or Printed)	Date
_____	_____
Signature	Title
_____	_____

Safety	
Does your firm have written safety policy?	Yes _____ No _____
Is your firm a drug free workplace?	Yes _____ No _____
Has your company ever been cited by OSHA?	Yes _____ No _____
Experience Mod. Rate for last 3 years :	_____

Current Project	
Project Name:	_____
GC or Client:	_____
Contact Name:	_____
Scope of Work:	_____
Contract Amount:	_____ Completion Date: _____
Tel #: ()	Fax #: ()

Please List a Vendor/Supplier Reference for Your Company	
Company Name:	_____
Address:	_____
Contact Name:	_____
Tel #: ()	Fax #: ()

Please List Two (2) GC / Client Reference	
Project Name:	_____
Scope of Work:	_____
Contact Name:	_____ Contract Amount: _____
Tel #: ()	Fax #: ()

Project Name:	_____
Scope of Work:	_____
Contact Name:	_____ Contract Amount: _____
Tel #: ()	Fax #: ()

Bank Reference	
Bank:	_____
Address:	_____
Contact Name:	_____
Tel #: ()	Fax #: ()