

When Complete, Please Return to:

LAYTON CONSTRUCTION COMPANY, INC.
CONTRACTOR QUESTIONNAIRE

GENERAL

Name of Business Street Address City, State, Zip

Previous Business Names Telephone Fax No. Contact in Home Office

Send Inquiries to. (Name and Address) Fax No.

Other Offices: Please attach list of Sales Offices, Reps, Agents, or Contracts that may act for your company.

LICENSE

Table with 3 columns: License Number, State, Type of Work Licensed to Perform

ORGANIZATION

Sole Proprietorship Partnership Corporation Date Founded: Net Worth: Under Present Management Since:

Names of Owner (s):

Names and Titles of Officers:

Annual Dollar volume (Last Three Years) 1) 2) 3)

Preferred Job Cost Range Minimum: Maximum:

Banking References:

Bonding References: Attach Annual Report and/or Financial Statement Bonding Limit:

Has the Company been named as a defendant in any type of lawsuit or other legal proceeding in the past 5 years? YES NO
If yes, please provide details of these matters:

Have any of the officers or owners of the Company been named as a defendant in any type of lawsuit or other legal proceeding or been convicted of a felony or other criminal activity in the past 5 years? YES NO
If yes, please provide details of these matters:

BIDDING INTEREST

Type of Work:

Type of Work Usually Subcontracted to Others:

State Bid Limit:

LABOR RELATIONS (SHOP & FIELD)

Union Contractor Open Shop Contractor

Table with 4 columns: Trades with whom you have agreements, Exp. Date, Trades with whom you have agreements, Exp. Date

PRODUCTS

List Manufacturers for Whom you are a Licensed Distributor: 1) 2) 3) 4) 5) 6)

SAFETY

Experience Modification Rate: Company Safety Program? Yes \ No
Current Liability Limits: Weekly Safety Meetings? Yes \ No
Person Responsible for Safety Program:

WORK HISTORY

Using the attached form, please provide a brief resume of work in progress and work completed by your firm within the past 3 years. Attach brochure if available. Please list all prior jobs with Layton Construction.

Questionnaire Completed By: Title:

Date:

This form must be completed in full. Signature is certification that information is accurate and truthful.

