



Subcontractor/Vendor Registration

Thank you for your interest in Venture General Contracting, LLC. In an effort to develop a more complete knowledge of your Company and better match future Company opportunities to your Company’s capabilities please complete this form and return to:

Venture General Contracting, LLC
Attn: Accounting, Purchasing and Safety Department
Email: subregistration@ventureseattle.com

Date of Response: _____

Organization

Company Name: _____

Trades *(please list the trades that your company is interested in bidding and those which you company is legally qualified to do business)* _____

Contact: _____ Phone: _____ Email: _____

Street Address: _____

Mailing Address: _____

Phone: _____ Fax: _____

Is this address the: Main Office Regional Office Branch Office

Website: _____

Type of Company: Sole Proprietorship Partnership Limited Liability Co. Business Corporation

Year Company Started _____ State of Inc. _____ Date of Inc. _____

How many years has your organization been in business under its present business name? _____

Under what other former names has your company operated? _____

Parent Company: _____

Address of Parent Company: _____

List the corporate officers, partners, proprietors, members and shareholders of more than 5% of the stock of your Company:

	Name	Year of Birth	Position	Percent Owned
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

How many people does your company employ?

	Home Office	Field Supervisory	Tradespeople
Presently	_____	_____	_____
On Average the Past 3 Years	_____	_____	_____

Licensing

Contractor’s License Number: _____ State: _____ Exp.: _____

WA UBI Number: _____

Federal ID Number: _____

Attach copies of all licenses and W-9.

Strategic Sourcing

Is your company certified as any of the following?

MBE WBE DBE SBE N/A

Certified by: _____

Attach copies of all certifications and Venture Business Equity Attestation form.

Claims and Suits Questionnaire

Has your company ever failed to complete any work awarded to it? Yes No

If Yes, please explain _____

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your company or its officers?

Yes No

If Yes, please explain _____

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

Yes No

If Yes, please explain _____

Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? Yes No

If Yes, please explain _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? Yes No

If Yes, please explain _____

Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency? Yes No

If Yes, please explain _____

Has your Company ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? Yes No

If Yes, please explain _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? Yes No

If Yes, please explain _____

Does your Company have any outstanding judgments or claims against it? Yes No

If Yes, please explain _____

Please list any litigation brought against your Company in the past five (5) years asserting that you failed to make payments to anyone.

Experience

List the trades you normally perform with your own forces: _____

What percentage of the Company's work is subcontracted? _____

List the trades you normally subcontract: _____

List the geographical areas in which you work: _____

List the Unions you currently have agreement with or Local Number	N/A Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the largest contract your Company has ever completed?
 Amount: \$ _____ Year: _____ Project Name & Scope: _____

What is the largest dollar volume job you expect to do during this calendar year?
 Amount: \$ _____ Project Name & Scope: _____

What is your expected annual volume this year?
 Amount: \$ _____ Number of Projects: _____

What was the average annual volume of work performed over the past 5 years?

Year	Volume	\$ _____
Year	Volume	\$ _____
Year	Volume	\$ _____
Year	Volume	\$ _____
Year	Volume	\$ _____

Attach a list of CURRENT major projects giving the Name of the Project, Address, Owner, General Contractor, Contract Amount and Scheduled Completion.

Attach a list of COMPLETED major projects giving the Name of the Project, Address, Owner, General Contractor, Contract Amount and Scheduled Completion.

Financial Questionnaire

Attach a copy of your latest financial statement, preferably audited. If an audited statement is unavailable, please provide the most recent internally prepared financial statement (income statement and balance sheet).

Your financial statement is strictly for risk evaluation for Subcontractor selection and will be treated confidentially and viewed only by Venture Finance Department.

If the attached financial statement is not for the identical Company named above, explain the relationship and financial responsibility of the Company whose financial statement is provided:

Name of your Bank: _____ Years with Bank: _____
 Address: _____
 Phone: _____ Contact: _____
 Line of Credit: \$ _____ Amount Available: \$ _____ Exp. Date: _____

What is your Company's Dunn & Bradstreet Number: _____
 D&B Rating: _____ Pay Record: _____ Date of Rating: _____
 Remarks: _____

Bonding Company (Broker): _____
 Name of Surety: _____ Key Contact & Phone: _____
 Bonding Capacity: Per Job: \$ _____ Aggregate: \$ _____
 Date of Last Bond: _____ Amount: \$ _____
 Bond Rate: % _____

Please list the persons or entities who provide indemnification to your Surety:

List three of your major suppliers:

Name: _____
 Address: _____ Telephone: _____
 Name: _____
 Address: _____ Telephone: _____
 Name: _____
 Address: _____ Telephone: _____

List three general contractors that you do business with:

Name: _____
 Address: _____ Telephone: _____
 Name: _____
 Address: _____ Telephone: _____
 Name: _____
 Address: _____ Telephone: _____

Insurance Questionnaire

Agent / Broker: _____
 Contact: _____
 Phone: _____

Attach a sample of your Certificate of Insurance and the Additional Insured Endorsements.

Commercial General Liability

Insurance Carrier: _____
 Rating of your Insurance Carrier: _____
 Amount of Coverage: \$ _____

Auto Liability

Insurance Carrier: _____
 Rating of your Insurance Carrier: _____
 Amount of Coverage: \$ _____

Excess/Umbrella

Insurance Carrier: _____
 Rating of your Insurance Carrier: _____
 Amount of Coverage: \$ _____

Professional Liability

Insurance Carrier: _____
 Rating of your Insurance Carrier: _____
 Office Policy Limit: \$ _____ Deductible: \$ _____ SIR: \$ _____
 Project Specific Limit: \$ _____ Extended Reporting Period (tail) _____ Prior Acts: Yes No

Pollution Liability

Insurance Carrier: _____
 Rating of your Insurance Carrier: _____
 Amount of Coverage: \$ _____

Safety Questionnaire

EMR: Please list your Company's Workers' Compensation Experience Modification Rate (EMR) for the most recent three years.

EMR (rate/year) _____

Total Recordable Incident Rate¹ _____

Total Lost Workday Rate² _____

¹ Recordable Incidence Rate = ((A+B+C) x 200,000) / Employee Hours Worked*

² Lost Workday Incidence Rate = (D x 200,000) / Employee Hours Worked*

*Employee Hours Worked = total number of hours worked during the year by all employees

Attach a copy of your redacted State OSHA 300 summary logs for the most recent 3-year period.

How many OSHA violation(s) has your Company received in the last three years? (Yr. = # violations)

_____ = _____ = _____ = _____

Do you have a qualified person responsible for safety within your Company? Yes No

Please describe his/her qualifications: _____

Does this person do safety inspections on all your projects? Yes No

Frequency? _____

Do you have a written Company Safety Policy and Program, and will you provide copies if requested? Yes No

Does your Company have a substance abuse policy? Yes No

If Yes, please check which are included in the policy?

- Pre-hire/Initial Employment _____
- Cause _____
- Post-Accident/Incident _____
- Random _____
- Periodic _____

Does your Company have a return to work/light duty program? Yes No

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Venture will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Name of Company: _____

Signature: _____ (must be an officer of the company)

Name: _____

Title: _____

_____ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading.

Subscribed and sworn before me this _____ day of _____, _____

Notary Public: _____

My Commission Expires: _____