



## 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](mailto: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:

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List three of your major suppliers:

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_  
 Name: \_\_\_\_\_  
 Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

List three 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 Rate<sup>1</sup> \_\_\_\_\_

Total Lost Workday Rate<sup>2</sup> \_\_\_\_\_

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

<sup>2</sup> 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 by 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: \_\_\_\_\_