

Subcontractor Questionnaire

1. Are you a subcontractor company or individual sub?

2. List the name of your company.

3. List the name and title of contact person.

4. List your company FEIN# or personal Social Security#.

5. List your full address (Street – City – State – Zip Code).

6. List your contact phone number and email address.

7. Could you provide the following levels of insurance (Yes or No)?

General Liability:	Each Occurrence	\$1,000,000.00	_____
	Damage to Rented Premises	\$ 100,000.00	_____
	Med Exp. any one person	\$ 10,000.00	_____
	Personal & ADV injury	\$1,000,000.00	_____
	General Aggregate	\$1,000,000.00	_____
	Product-Comp/Op Ag	\$1,000,000.00	_____
Auto Liability:	Hired / Non Owned	\$1,000,000.00	_____
Umbrella:	Excess / Contingency	\$1,000,000.00	_____

8. Do you have the following insurances (Yes or No)?

Workman's Compensation (covering company and employees and subs): _____

Vehicle Insurance (for all fleet vehicles): _____

9. How long has your company been in business?

10. What types of telecommunication services do you perform?

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

11. What states or regions are you interested in working?

12. List 2 of your largest projects to date along with reference contact person.

Project 1:

Company Name: _____

City, State: _____

Work Performed: _____

Length of Project: _____

Reference Contact Name: _____

Reference Phone#: _____

Reference Email: _____

Project 2:

Company Name: _____

City, State: _____

Work Performed: _____

Length of Project: _____

Reference Contact Name: _____

Reference Phone#: _____

Reference Email: _____

13. What do you think sets your company apart from others?

After completely answering all questions, you may submit this via email to inquiry@ontracinc.net.