

SONGER. READY TO GO TO WORK.

SUBCONTRACTOR

THIRD PARTY

SERVICES QUESTIONNAIRE FORM

QUESTIONNAIRE TO BE COMPLETED BY CONTRACTOR/THIRD PARTY

Month 9th, 2024



100 Houston Square, Suite 200, Canonsburg, PA 15317



724-884-0184



songerservices.com



SUBCONTRACTOR/THIRD PART QUESTIONNAIRE CONTACT INFORMATION:

Company Name:		Primary Contact:	
Email Address:		Street Address:	
City:	State:	Zip Code:	
Telephone/Fax:		Company Web Address:	

COMPANY STRUCTURE:

Type of Legal Entity: (Attach additional information to describe company structure)	
Where Organized:	Year Founded:

Officers, Partners Owner(s):	Title:	Years Here:	Total Experience:

Please provide the following information as it relates to "Claims and Suits":	
Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers?	
Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five(5) years? (If yes, please describe.)	

FINANCIAL INFORMATION:

*If your organization is not a publicly traded company, please provide audited financial statements and balance sheets which support the following information.

	Revenue	Net Worth	Post Interest Profit	Construction Manhours
Current Year				
Previous Year 1				
Previous Year 2				
3 Year Average				

Banking References:

Name:		Address:	
Contact Person:	Telephone:	Fax:	

Trade References:

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Major Material Supplier/Credit References:

Name:		Address:	
Contact Person:	Telephone:	Fax:	

*****BY SIGNING BELOW, VENDOR AUTHORIZES BANK AND CREDIT REFERENCES TO RELEASE INFORMATION TO SONGER SERVICES IN SUPPORT OF THIS QUALIFICATIONS FORM.*****

Technical Experience:

Please attach separate lists for each of the following and provide responses to additional construction related requests below:

- A. Current projects under construction.
- B. On a separate sheet, list the major projects your organization has completed in the last five (5) years giving the name of the project, owner, contract amount, date of completion.

Categories of work primarily performed with direct hire/permanent employees:

Categories of work subcontracted:

Quality Assurance/Quality Control

Do you have a formal writer Quality Program?

☐ Yes

☐ No

*If yes, please provide a copy of the Table of Contents of your QA/QC Policy.

Who is responsible for your Quality Programs?

Name:

Phone No.:

Do you plan to assign a full-time Quality person to the Project if awarded?

☐ Yes

☐ No

If your work requires welding, do you maintain qualified welding procedures which could be reviewed upon request?

☐ Yes

☐ No



SONGER SUBCONTRACTOR PACKAGE SERVICES QUESTIONNAIRE FORM

*****THE UNDERSIGNED CERTIFIES UNDER OATH THAT THE INFORMATION PROVIDED HEREIN IS TRUE AND SUFFICIENTLY COMPELTE SO AS NOT TO BE MISLEADING*****

Signed By:	Title:
Printed Name:	Name of Organization: