



Contractor's Questionnaire

Firm's Legal Name: _____ Date: _____
 Address: _____ Phone: _____
 _____ Fax: _____
 Contact: _____ E-Mail: _____
 _____ Website: _____
 Subcontractor? _____ Supplier? _____ Service? _____
 Contractor's License # _____ Class: _____
 Federal I.D. # _____ # Years in Business: _____
 Company's Business / Specialty: _____

Surety Name: _____ Bonding Capacity: _____
 General Liability Insurance Carrier: _____ Liability Limits: _____
 Union Contractor? Yes No Craft Union Locals: _____

Company's NAICS (North American Industrial Code Standards):

| Code | Description | Code | Description | Code | Description |
|--------|---------------------|-------|-------------|-------|-------------|
| 562910 | Remediation Service | | | | |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Does Your Company Hold Current Certification Status as One of the Following Supplier Diversity Classifications?

SBE (Small Business Enterprise) _____ VOSB (Veteran-Owned Small Business) _____ Other (Please Specify) _____
 MBE (Minority-Owned Business Enterprise) _____ WBE (Woman-Owned Business Enterprise) _____
 HUBZone Small Business _____ DBE (Disadvantaged Business Enterprise) _____

If you are currently certified as a Small Business in any category, please indicate below the certifying AGENCY and your Expiration Date.
 (Attach copies of your Certification Paperwork when returning this Questionnaire.)

| Certifying Agency | Classification | Expiration Date |
|-------------------|----------------|-----------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Have you quoted to us before? Yes [] No []
 Have you done work for us before? Yes [] No []

If YES, please provide project information: _____

Are you currently in our vendor data base? Yes [] No []

Please send Contractor's Questionnaire via facsimile or e-mail to: I405.DBE@Kiewit.com