

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?

DBE (Disadvantaged Business Enterprise) _____ MBE (Minority-Owned Business Enterprise) _____
 SBE (Small Business Enterprise) _____ WBE (Woman-Owned Business Enterprise) _____
 UDBE (Underutilized DBE) _____ DVBE (Disabled Veteran Business Enterprise) _____
 Other (Please Specify) _____

If you are currently certified in any category above, please indicate below the certifying AGENCY and your Expiration Date.
(Provide 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: _____

Contact us:
 KWM- Goethals Bridge Replacement Project
 137 Bayway Avenue
 Elizabeth, NJ 07202 Phone : (908) 409-4400, Fax (201) 604-7143
 Email: KWMdivcontracting@KWMJV.com
[Please return completed Questionnaire](#)

How did you hear about this project? _____