

**KULKA, LLC**  
**175F COMMERCE DRIVE HAUPPAUGE, N.Y. 11788**

**CONTRACTOR QUESTIONNAIRE**

Company Name: \_\_\_\_\_

Name of Owner: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Name of Primary Contact: \_\_\_\_\_

Title: \_\_\_\_\_ Email Address: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Estimator: \_\_\_\_\_ E-Mail Address \_\_\_\_\_

Field Contact Person: \_\_\_\_\_ Cell: \_\_\_\_\_

Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Joint Venture \_\_\_\_\_ Other \_\_\_\_\_

Does your business qualify as: DBE \_\_\_\_\_ MBE \_\_\_\_\_ SBE \_\_\_\_\_ WBE \_\_\_\_\_

Do you work:  Open Shop  Union  Both  Prevailing Wage

Type of Work Performed: \_\_\_\_\_

Divisions of Work: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Which items do you self-perform?: \_\_\_\_\_

Which items do you subcontract?: \_\_\_\_\_

Number of years in business under present name: \_\_\_\_\_

Average Annual Dollar Volume: \$ \_\_\_\_\_

Average Size of Project: Minimum \$ \_\_\_\_\_ Maximum \$ \_\_\_\_\_

Number of Employees: Office \_\_\_\_\_ Field \_\_\_\_\_

Geographic work area:  Suffolk  Nassau  NYC (5 Boroughs)

Is your company Bondable:  Yes  No

If so, what is capacity: \$ \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Insurance agent's name & phone: \_\_\_\_\_

Indicate current limits for the following (or forward a copy of your insurance certificate):

General Liability: \_\_\_\_\_ Auto Insurance: \_\_\_\_\_

Workmen's Compensation: \_\_\_\_\_ Excess Coverage -Umbrella: \_\_\_\_\_



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Provide a reference listing of at least five clients and five current vendors/sub-contractors, including company name, address, telephone number and contact:

**CLIENT REFERENCES (please provide five):**

<b>Client Firm</b>	<b>Name/Title of Contact</b>	<b>Address/Phone #</b>

Please feel free to provide any additional information about your company as it relates to performance references, etc.

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Please complete and return this form and any related documents (by fax or mail) to:

Kulka Contracting, LLC  
175F Commerce Drive  
Hauppauge, NY 11788  
Attn: Iris Hassan

Phone: (631) 231-0900  
Fax: (631) 231-0711

I hereby certify that the above information is true and accurate

Signed: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_