



LA CONSERVATION CORPS

BIDDER QUESTIONNAIRE

Name of Bidder:	Contact Person for RFP:	
Address:		
Phone #:	Fax #:	Email:
Website:		
Classification:	<input type="checkbox"/> Small Business	<input type="checkbox"/> Woman Owned
	<input type="checkbox"/> Minority Owned	<input type="checkbox"/> Veteran Owned

General Information:

Does your company have general liability insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company have workers' compensation insurance for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
Does your company subcontract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Does your company provide liability coverage for subcontractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

Please list three (3) business references:

Reference #1

Company Name:	Contact Person:
Address:	
Phone #:	Fax #:
	Email:

Reference #2

Company Name:	Contact Person:
Address:	
Phone:	Fax #:
	Email:

Reference #3

Company Name:	Contact Person:
Address:	
Phone #:	Fax #:
	Email: