

PERSON COMPLETING FORM _____

DATE: _____

COMPANY INFORMATION PLEASE PRINT OR TYPE

Legal Business Name:		Company Website:	
Address/City/State/ZIP:			
Phone:	Contact Name and Email:		
Fax:	Second Contact Name and Email:		

List the corporate officers, partners, or proprietors of your firm. If additional space is needed, list on separate sheet and attach to this form.

Name/Title/% Ownership:	Name/Title/% Ownership:
Name/Title/% Ownership:	Name/Title/% Ownership:

COMPANY PROFILE

Type of Company:	Subcontractor (Furnish and Install)	Subcontractor (Install Only)	Supplier (Materials Only)						
CSI Number(s): _____	SIC Number(s): _____								
Project Size: (Check all that apply)	\$200,000 or below	\$201,000–\$399,000	\$400,000–\$999,999	\$1,000,000 or more					
Types of Projects: (Check all that apply)	School	Government	Healthcare	Hospitality	Lodging	Industrial	Office	Restaurant	Retail
Other:	_____								
Geographic Work Areas: (List states)									
Certified Minority Business Enterprise Contractor (MBE)?					Certified Women Business Enterprise Contractor (WBE)?				
Yes No Certified by: _____					Yes No Certified by: _____				
Do you have experience with LEED/green buildings?			Yes	No	Do you have experience with Design/Build?			Yes	No

COMPANY ORGANIZATION

Corporation	Sole Proprietor	LLC	Partnership	General or Limited	Joint Venture				
Date of Establishment: ____/____/____		State Where Established:							
List of states/metro areas in which authorized to do work (please include license number if applicable):									
State/License Number: _____		State/License Number: _____		State/License Number: _____					
Federal ID Number: _____		Other: _____		Other: _____					
Contractor Parent Company Name:				Number of Employees (Office and Field):					
President/Address/Phone:									
Union Affiliation 1:		Union Affiliation 2:		Union Affiliation 3:		Union Affiliation 4:		Union Affiliation 5:	

BONDING AND INSURANCE

Insurance Company:	Insurance Agent:	Insurance Agent Phone:																								
Bonding Company:	Bonding Company Contact:	Bonding Contact Phone:																								
Total Bonding Capacity: \$ _____		Current Available Bonding Capacity/Single Job: \$ ____																								
<p>PLEASE ATTACH INSURANCE CERTIFICATES PER SAMPLE PROVIDED.</p> <p>Do you currently carry or can you obtain the following insurance coverage:</p> <table border="0"> <tr> <td>Workers' Compensation Statutory Maximum at Project Site Location</td> <td>Yes</td> <td>No</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>General Liability \$1,000,000/\$2,000,000 aggregate</td> <td>Yes</td> <td>No</td> <td>Employer Liability \$1,000,000/per statute</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> <tr> <td>Automobile Liability \$1,000,000/CSL</td> <td>Yes</td> <td>No</td> <td>Umbrella Liability \$1,000,000/\$1,000,000 aggregate</td> <td>Yes</td> <td>No</td> <td></td> <td></td> </tr> </table>			Workers' Compensation Statutory Maximum at Project Site Location	Yes	No						General Liability \$1,000,000/\$2,000,000 aggregate	Yes	No	Employer Liability \$1,000,000/per statute	Yes	No			Automobile Liability \$1,000,000/CSL	Yes	No	Umbrella Liability \$1,000,000/\$1,000,000 aggregate	Yes	No		
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SAFETY INFORMATION

List your experience modification rate (EMR) for the last three years:		Number of OSHA recordable incidents over the last three years: Data available at www.osha.com	
Year:	Rate:	Year:	No.-
Year:	Rate:	Year:	No.-
Year:	Rate:	Year:	No.-
Do you have a written safety program? Yes No			
Are all employees trained in safety requirements? Yes No			
Do you have a company Safety Director or other safety professionals on staff? Yes No			
If yes, Contact Name:		Phone:	

SALES INFORMATION THREE PRIOR FISCAL YEARS; 1 IS MOST RECENT YEAR; 3 IS FURTHEST

Year	Maximum Contract Value Completed	Annual Company Revenue	Current Year Company Workload
Year 1	\$ _____	\$ _____	\$ _____
Year 2	\$ _____	\$ _____	\$ _____
Year 3	\$ _____	\$ _____	\$ _____

Vendor References Please list three vendor references who you have bought materials from in the last year

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

General Contracting Please list three general contractors with whom you have worked for in the last year

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

Company:	Contact Name:
Address:	
City/State/ZIP:	Contact Phone:

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. Please make additional copies as needed.

Name of Project:	Name of Project:
Client/Owner:	Client/Owner:
General Contractor:	General Contractor:
Location:	Location:
Contract Value: \$	Contract Value: \$
Description of Work Being Performed:	Description of Work Being Performed:
Architect/Engineer:	Architect/Engineer:
General Contractor Name:	General Contractor Name:
Phone:	Phone:
Completion (Planned) Date:	Completion (Planned) Date:

Name of Project:	Name of Project:
Client/Owner:	Client/Owner:
General Contractor:	General Contractor:
Location:	Location:
Contract Value: \$	Contract Value: \$
Description of Work Being Performed:	Description of Work Being Performed:
Architect/Engineer:	Architect/Engineer:
General Contractor Name:	General Contractor Name:
Phone:	Phone:
Completion (Planned) Date:	Completion (Planned) Date:

Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits or liens currently against your organization, or have you had any bankruptcies or reorganizations in the last 10 years?

Yes No If yes, please explain:

Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been the subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law?

Yes No If yes, please explain:

Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been the subject of any federal or state suspension or disbarment?

Yes No If yes, please explain:

Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been the subject of any formal proceeding or consent order with a state or federal agency involving a violation of state or federal contracting or environmental laws?

Yes No If yes, please explain:

THE ANSWERS TO THE FOREGOING QUESTIONS AND ALL STATEMENTS HEREIN CONTAINED ARE TRUE AND CORRECT.

(Firm)

(Signature)

(By) (Officer/Principal of the firm)

(Date)

(Title)