



SUBCONTRACTOR INFORMATION FORM

1. Company Information

Company Name: Phone:
Address: Fax:
City: E-mail:
Zip: Website:
How many years has your company been in business?
How many people does your company currently employ?
Mgmt Office Shop Field Temp
Annual sales volume: (Previous 3 years)
Owner's names and percentage of ownership:
Name: Title: %
Name: Title: %
Name: Title: %

2. General Information

Estimating Contacts: (with cell phone & E-mail)
Types of work performed: (Plumbing, Roofing, ETC.)
Types of projects: (Commercial, Residential, ETC.)
Geographical area(s) served:
What is your company's current backlog of uncompleted work?
Is your company licensed? Yes No License # Type:
Is your company a certified minority business? Yes No (Attach Certificate)
Does your company have a drug free workplace program? Yes No
Is your company available to work night shifts if required? Yes No
Does your company have a safety program? Yes No
What is your company's current Experience Modification Rate (EMR) rating?
Does your company have a 24/7 Service Department? Yes No
* If yes, how many Service Technicians?

3. Insurance & Bonding

Can your company provide Payment & Performance Bonds? Yes No

* If yes, what are your rates? _____ Bonding limit? _____

* Name of surety agent & phone number: _____

Do you carry Workman's Compensation insurance? Yes No

* If yes, what is the dollar limit amount? _____

Do you have Liability Insurance in excess of \$1,000,000? Yes No

* If yes, what is the dollar limit amount? _____

4. Experience & References

Has your company ever failed to complete a contract? Yes No

* If yes, attach a detailed explanation of the project and circumstances.

Does your company construct residential housing or condominiums? Yes No

* If yes, provide a list of all open projects.

Please identify the 5 largest projects your company has completed. (Attach Info)

* Please include Project Name, Address, General Contractor & Subcontract Total.

Listing of at least 3 Suppliers or General Contractor references:

Company Name

Contact person

Phone number

| Company Name | Contact person | Phone number |
|--------------|----------------|--------------|
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Feel free to attach additional documentation.

Signature _____

Title _____

Print Name _____

Date _____