|  |  |  |  |
| --- | --- | --- | --- |
| **Company:** |  | **Date:** |  |
| **Address:** |  | **Business License No:** |  |
| **Phone:** |  | **Federal ID No:** |  |
| **Fax:** |  | **Email:** |  |

|  |
| --- |
| **STRUCTURE OF COMPANY** |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Structure: | [ ]  Corporation[ ]  Individual[ ]  LLC[ ]  Partnership[ ]  General[ ]  Joint Venture | Primary Scope of Work: |  |
| Date of Incorporation: |  | President: |  |
| State of Incorporation: |  | Vice President: |  |
| D&B Rating: |  | Secretary: |  |
| Bonding Capacity ($): |  | Treasurer: |  |
| # of Office Employees: |  | # of Field Employees: |  |
| Certified MBE? | [ ]  Yes [ ]  No | States Licensed In: |  |
| Certified WBE? | [ ]  Yes [ ]  No |  |  |
| Labor Affiliation: | [ ]  Union [ ]  Non-Union [ ]  Non-Labor Supplier |

|  |
| --- |
| **SUBCONTRACTOR’S PRIMARY CONTACT** |

|  |  |
| --- | --- |
| Name of Subcontractor’s Primary Contact: |  |
| Phone Number of Subcontractor’s Primary Contact: |  |
| Subcontractor’s Parent Company (Name & Address): |  |
|  |  |

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| --- |
| **FINANCIAL INFORMATION** |

|  |  |
| --- | --- |
| Subcontractor’s Primary Bank: |  |
| Bank Account #: |  |
| Name of Bank Relationship Officer: |  |
| Phone Number of Bank Relationship Officer: |  |

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| Subcontractor hereby authorizes its primary bank relationship officer to release general information requested as part of the due diligence Financial & Safety Review Process. |
| **Signature and Date:** |  |

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| **FINANCIAL INFORMATION (Continued)** |

|  |  |
| --- | --- |
| Average Subcontract Size (units): |  |
| Average Subcontract Size ($): |  |
| Amount of Work Currently Under Contract ($): |  |
| Amount of Work Currently Incomplete ($): |  |
| Average Gross for the Last Three (3) Years ($): |  |
| Maximum Contract/$Value Capable of Handling ($): |  |

|  |  |
| --- | --- |
| Subcontractor’s Bonding Agency: |  |
| Name of Bank Relationship Officer: |  |
| Phone Number of Bank Relationship Officer: |  |
| Fax Number of Bank Relationship Officer: |  |
| Best Rating: |  |
| Bonding Capacity – Single Job ($): |  |
| Bonding Capacity – Aggregate ($): |  |
| Surety’s Maximum Federal Register Bond Limit ($): |  |

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| --- |
| **INSURANCE INFORMATION** |

|  |  |
| --- | --- |
| Subcontractor’s Insurance Agency (Name & Address): |  |
|  |  |
| Name of Primary Contact: |  |
| Phone Number: |  |
| Fax Number: |  |

**PLEASE INCLUDE A COPY OF YOUR VALID CERTIFICATE OF INSURANCE WHEN SUBMITTING THIS APPLICATION.**

|  |
| --- |
| **SAFETY INFORMATION** |

|  |  |
| --- | --- |
| Do you have a written Safety Program/Policy? | [ ]  Yes [ ]  No |
| Does this Program include Hazard Communication? | [ ]  Yes [ ]  No |
|  |  |
| Briefly describe the scope of your Safety Program/Policy or include a copy of the Program/Policy with your submission of this application: |
|  |
|  |  |
| Who enforces your Safety Program? |  |
|  |  |

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| **SAFETY INFORMATION (Continued)** |

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| --- |
| List EMR (Experience Modification Rate) for the Last Three (3) Years:  |
|  |  |  |  |  |
| (Most Recent) |  | (2nd Most Recent) |  | (3rd Most Recent) |

|  |
| --- |
| List Contractor’s Frequency Rate (lost-time injuries per 200,000 man hours) for the Last Three (3) Years:  |
|  |  |  |  |  |
| (Current Year) |  | (Last Year) |  | (Two Years Ago) |

|  |  |
| --- | --- |
| Any Employee Deaths in the last three (3) years? | [ ]  Yes [ ]  No |
| If yes, please describe or attach information: |  |
|  |  |
|  |  |
| Any “Willful” OSHA Citations in the last five (5) years? | [ ]  Yes [ ]  No |
| If yes, please describe or attach information: |
|  |
|  |  |
| How often are safety inspections performed (in-house or by insurance company)? |  |
| Who performs the safety inspections in-house? |  |
| Are these inspections documented? | [ ]  Yes [ ]  No |
| Do you have a substance abuse testing program? | [ ]  Yes [ ]  No |
| How frequently do you test for substance abuse? |  |
| Please describe your program or attach a copy: |  |
|  |  |
| Do you have a standard 100% six (6) foot fall protection policy for all operations? | [ ]  Yes [ ]  No |
|  |  |
| What type of Safety Training is given to your employees? Please describe or attach information: |
|  |
|  |

|  |  |
| --- | --- |
| Do you have a company Safety Director? | [ ]  Yes [ ]  No |
| Name: |  | Phone Number: |  |

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| **LITIGATION INFORMATION** |

|  |  |
| --- | --- |
| Have you failed to complete any work in the last five years? | [ ]  Yes [ ]  No |
| If yes, please provide a brief explanation: |  |
| Do you have any current litigation? | [ ]  Yes [ ]  No |
| If yes, please provide a brief explanation: |  |
| Do you have any outstanding judgments, claims or arbitration? | [ ]  Yes [ ]  No |
| If yes, please explain or attach information: |  |

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| --- |
| **PROJECT EXPERIENCE** |

**Please attach a list of major construction projects your firm has recently completed and has currently in progress.** Please include the following information: Name of Project, Location, Owner, Contract Value, Description of Work being Performed, Architect, General Contractor, General Contractor Contact Name and Phone Number, Completion or Anticipated Completion Dates.

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| **TRADE ASSOCIATIONS** |

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| Please list all current trade association memberships: |
|  |
|  |
|  |
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| Please list all national and local accredited training programs in which you participate (i.e. safety, trade/craft, management training, etc): |
|  |
|  |
|  |

|  |
| --- |
| **REFERENCES** |

|  |
| --- |
| Please provide three (3) trade references with whom you have worked in the last year. |
|  |
| **REFERENCE 1** |  |
| Company Name: |  |
| Address: |  |
|  |  |
| Contact Name: |  |
| Contact Email & Phone: |  |
|  |  |
| **REFERENCE 2** |  |
| Company Name: |  |
| Address: |  |
|  |  |
| Contact Name: |  |
| Contact Email & Phone: |  |
|  |  |
| **REFERENCE 3** |  |
| Company Name: |  |
| Address: |  |
|  |  |
| Contact Name: |  |
| Contact Email & Phone: |  |

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| **REFERENCES (Continued)** |

|  |
| --- |
| Please provide three (3) general contractor references with whom you have worked in the last year. |
|  |
| **REFERENCE 1** |  |
| Company Name: |  |
| Address: |  |
|  |  |
| Contact Name: |  |
| Contact Email & Phone: |  |
|  |  |
| **REFERENCE 2** |  |
| Company Name: |  |
| Address: |  |
|  |  |
| Contact Name: |  |
| Contact Email & Phone: |  |
|  |  |
| **REFERENCE 3** |  |
| Company Name: |  |
| Address: |  |
|  |  |
| Contact Name: |  |
| Contact Email & Phone: |  |

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| **ADDITIONAL INFORMATION** |

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| Please share any additional information you would like to submit: |
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| --- |
| **CERTIFICATION SIGNATURE** |

|  |  |
| --- | --- |
| Signature of Officer: |  |
|  |  |
| Printed Name: |  |
| Title: |  |
| Date: |  |