

**Company Information**

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

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

City, State, Zip: \_\_\_\_\_

Bidding Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_

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

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

Type of Company: \_\_\_\_\_

Years in Business under Company Name: \_\_\_\_\_

Under what former names has your company operated?

Name:	Years:
Name:	Years:

**Company Officers:**

Name:	Title:
Name:	Title:

**Project Information**

Please describe the types of products and services you are able to provide. \_\_\_\_\_

\_\_\_\_\_

What are the types and percentages of work you contract to others? \_\_\_\_\_

\_\_\_\_\_

Has your company ever defaulted on or failed to complete a project? If so, please explain.

\_\_\_\_\_



**Legal Information**

In the last five years, has your current company or any predecessor organization been involved in any litigation or a legal dispute with an Owner, Architect, or General Contractor? If so, please explain. \_\_\_\_\_

Have any principals of your company, either past or present, been affiliated with any type of bankruptcy? If so, please explain and provide dates. \_\_\_\_\_

**Safety**

Does your firm have a companywide safety program? \_\_\_\_\_

What is your current Experience Modification Rate for Worker’s Compensation Insurance? \_\_\_\_\_

Attach a list of any OSHA Citations against your firm in the last five years and the outcome of each citation. Does your firm have a pre-hire drug testing program? \_\_\_\_\_

**Financial Ability, Bonding and Insurance**

Please provide your annual average dollar volume for the past three years. \$ \_\_\_\_\_

Please attach a list of current projects including contract amount, expected completion date, and general contractor.

In the last five years, has your current firm or any predecessor organization, or any principal of the firm, filed for bankruptcy? If so, please explain. \_\_\_\_\_

**Please provide the following references:**

**Banking**

Bank Name:
Contact Person:
Phone Number:
Fax:
Address:
City, State, ZIP:



**Bonding**

Bonding Agent:		
Contact Person:		
Phone Number:		
Fax:		
Address:		
City, State, ZIP:		
Bonding Limits:	Single:	Aggregate:

**Please review B.C. Builder’s standard subcontract agreement requirements for insurance below:**

Workers Compensation.....	Statutory Limits
General Liability	
Each Occurrence.....	\$1,000,000
General Aggregate.....	\$2,000,000
Personal/Adv Injury.....	\$1,000,000
Products/Comp Ops Aggregate.....	\$1,000,000
Umbrella/Excess Liability.....	\$1,000,000
Automotive	
Combined single limit each accident.....	\$1,000,000

**Please provide three client references:**

Company Name:	Phone:
Contact Person:	Fax:
Project Name:	

Company Name:	Phone:
Contact Person:	Fax:
Project Name:	

Company Name:	Phone:
Contact Person:	Fax:
Project Name:	