



SUBCONTRACTOR & SUPPLIER INFORMATION FORM

This form should be completely filled out (TYPED or HANDWRITTEN legibly) by all subcontractors and/or suppliers interested in bidding projects for Concept Builders, Inc.

Your Company's Contact Person: _____
Date: _____

1. LEGAL COMPANY NAME:

Street Address: _____
Mailing Address: _____
City, State & Zip: _____
Telephone Number: _____
Fax Number: _____

2. TYPE OF ENTITY:

- Corporation
- Partnership
- Individual
- Other

Federal Tax I.D. Number: _____

3. BANK REFERENCE:

Name: _____
Contact Person: _____
Telephone Number: _____

4. BONDING COMPANY:

Name: _____
Contact Person: _____
Telephone Number: _____
Bonding Limit: _____

5. FEDERAL CERTIFICATIONS:

Active Certifications: Emerging Small Business (ESB)
 Disadvantaged Business Enterprise (DBE)
 Minority Business Enterprise (MBE)
 Woman Business Enterprise (WBE)

6. Insurance Information

Please review the attached documents titled "Insurance Requirements", and complete the information below: *(Note: Please do not send us certificates at this time – you will be notified.)*

Your Company's Insurance Contact Person:

General Liability: Insurance Company: _____
Insurance Agent: _____
Telephone Number: _____
Policy Number: _____
Current Limit: _____

Auto Liability: Insurance Company: _____
Insurance Agent: _____
Telephone Number: _____
Policy Number: _____
Current Limit: _____

Worker's Compensation: Insurance Company: _____
Insurance Agent: _____
Telephone Number: _____
Policy Number: _____
Current Limit: _____

Umbrella/Excess Liability: Insurance Company: _____
Insurance Agent: _____
Telephone Number: _____
Policy Number: _____
Current Limit: _____

Professional Liability: Insurance Company: _____
Insurance Agent: _____
Telephone Number: _____
Policy Number: _____
Current Limit: _____

7. Do you maintain and enforce an active drug screen policy?

Yes No

8. If Yes, under what circumstances do you test?

Pre-employment Post-Accident Probable Cause Random

9. Has your company had any **OSHA** citations within the past (5) years?

Yes No

If Yes: Please provide dates and what the citation was for:

10. List at least five (5) **SIGNIFICANT PROJECTS** that your firm has under construction or has completed within the last 12 months under your present company name:

Project Name:

General Contractor:

Owner:

Size of Project (S.F.):

Your Contract Amount:

Approx. Date of Completion:

Project Name:

General Contractor:

Owner:

Size of Project:

Your Contract Amount:

Approx. Date of Completion:

Project Name:

General Contractor:

Owner:

Size of Project:

Your Contract Amount:

Approx. Date of Completion:

Project Name:

General Contractor:

Owner:

Size of Project:

Your Contract Amount:

Approx. Date of Completion:

Project Name:

General Contractor:

Owner:

Size of Project:

Your Contract Amount:

Approx. Date of Completion:

11. REFERENCES - General Contractors and/or Owners:

Firm: _____
Contact Person: _____
Telephone Number: _____

Firm: _____
Contact Person: _____
Telephone Number: _____

Firm: _____
Contact Person: _____
Telephone Number: _____

12. REFERENCES - Credit (i.e. material suppliers, etc.)

Firm: _____
Contact Person: _____
Telephone Number: _____

Firm: _____
Contact Person: _____
Telephone Number: _____

Firm: _____
Contact Person: _____
Telephone Number: _____

13. COMPANY INFORMATION:

A. Number of years in business under present company name.

B. What scope and type of work does your company typically perform (please be specific):

C. Check which categories apply:

- Commercial
- Residential / Multi-Family
- Tenant Improvement / Renovation

D. What size projects (in contract amounts) does your company typically do?

Low \$ _____ Average \$ _____ High \$ _____

E. What areas in the U.S. do you typically work in?
