



# SUBCONTRACTOR INFORMATION FORM

(Upon completion email to [estimating@jmwilkinson.com](mailto:estimating@jmwilkinson.com) or fax to 770-933-9665)

## Company Information

Legal Name of Company: \_\_\_\_\_

Qualified Trade(s) of work: \_\_\_\_\_

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

Accounting Contact Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Entity: \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Other – Explain: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Contractor License/Certificate #: \_\_\_\_\_

States Licensed In: \_\_\_\_\_

Worker's Compensation Insurance Modifier for past three years:

Current \_\_\_\_\_ 1<sup>st</sup> Prior Year \_\_\_\_\_ 2<sup>nd</sup> Prior Year \_\_\_\_\_

Does company qualify as a:

\_\_\_\_\_ Service Disabled Veteran Owned (SDVOSB)

\_\_\_\_\_ 8a Certified

\_\_\_\_\_ Woman Owned Small Business (WOSB)

\_\_\_\_\_ Minority Owned Small Business (MOSB)

\_\_\_\_\_ DOT Certified

\_\_\_\_\_ HUB Zone

\_\_\_\_\_ Small Business (SB)

\_\_\_\_\_ Other – Explain \_\_\_\_\_

Has company:

\_\_\_\_\_ Ever operated under another name?

\_\_\_\_\_ Ever failed to complete a project?

\_\_\_\_\_ Ever filed bankruptcy?

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have principals:

\_\_\_\_\_ Ever worked for a company that failed to complete a project?

\_\_\_\_\_ Ever worked for a company that filed bankruptcy?

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Resources & Bonding

Is company able to provide bid, payment & performance bonds? \_\_\_\_\_

Company's current bonding capacity:

Aggregate \_\_\_\_\_ Single Project \_\_\_\_\_

Name of bonding agent: \_\_\_\_\_

Name of surety: \_\_\_\_\_

Largest contract ever performed: \_\_\_\_\_

Current value of work on hand: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account No.: \_\_\_\_\_ Phone #: \_\_\_\_\_

Annual volume for last three years: Current year anticipated \_\_\_\_\_

1<sup>st</sup> Prior Year \_\_\_\_\_, 2<sup>nd</sup> Prior Year \_\_\_\_\_, 3<sup>rd</sup> Prior Year \_\_\_\_\_

## References

List three suppliers/vendors company purchases material from on a regular basis.

#1 Supplier/Vendor Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

#2 Supplier/Vendor Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

#3 Supplier/Vendor Name: \_\_\_\_\_

Does company ever use subcontractors? \_\_\_\_\_

If yes, please list:

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

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

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

Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please attach a copy of company's most recent audited financial statement and last interim statement.