



**SUBCONTRACTOR / SUPPLIER  
REGISTRATION**

**CLASSIFICATION**

Company is a:

Subcontractor  Supplier  Other: \_\_\_\_\_

Services and/or materials offered: \_\_\_\_\_

Geographical service area(s) – City or states: \_\_\_\_\_

**COMPANY INFORMATION**

Legal Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone No. \_\_\_\_\_ Fax No. \_\_\_\_\_ Website \_\_\_\_\_

**CONTACT INFORMATION**

Name of Contact \_\_\_\_\_ Title \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

**LICENSE INFORMATION**

List all of your current Contractor’s license(s).

Type of License / Name of License	State	License Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**ORGANIZATION**

At the above address, this company operates as:

Corporation  Limited Liability Company  Partnership  Individual Proprietor  Other: \_\_\_\_\_

**If a Corporation**, provide the following:

Date of Incorporation \_\_\_\_\_ State of Incorporation \_\_\_\_\_

President's Name \_\_\_\_\_ Vice-President's Name \_\_\_\_\_

Secretary's Name \_\_\_\_\_ Treasurer's Name \_\_\_\_\_

Name of all of your company's subsidiaries, or parent corporations, all sister corporations and all companies controlled by any of the principals of your company, giving the relationship of each to your company:

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**If a Limited Liability Company**, provide the following:

Date of Formation \_\_\_\_\_ State under whose law the company was formed \_\_\_\_\_

Name and title of all managers and officers:

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Name and home address of each member:

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Name of all companies controlled by your Company or any of the members:

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**If a Partnership**, provide the following:

Date of Formation \_\_\_\_\_ State under whose law partnership was formed \_\_\_\_\_

Partnership is:  Limited  General

Name and home address of all partners (indicate any limited Partners) (use separate sheet if necessary):

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**If an Individual/Sole Proprietor, provide the following:**

Name of Owner \_\_\_\_\_ Date Established \_\_\_\_\_

**If your organization is other than those listed above, provide the following:**

Type of organization \_\_\_\_\_ Date established \_\_\_\_\_

Name and address of each principal

\_\_\_\_\_  
\_\_\_\_\_

Name of all companies controlled by your Company or any of its principals

\_\_\_\_\_  
\_\_\_\_\_

**BONDING INFORMATION**

Provide a certified letter from your surety company verifying bonding capacity and bonding rate.

Surety Company \_\_\_\_\_ Contact \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Rating \_\_\_\_\_

Bonding Agent \_\_\_\_\_ Company \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Bonding Limit: Single Limit \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

**CLAIMS AND SUITS**

- Yes  No Has your organization ever failed to complete any work awarded to it?
- Yes  No Are there any judgments, claims, arbitration proceedings or suits pending or outstanding and unsatisfied against your organization or its officers?
- Yes  No Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years?

Yes  No Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?

**MINORITY BUSINESS ENTERPRISE STATUS**

M/W/SBE  DBE  SBA  Other

Certified by \_\_\_\_\_

If checked "Other", please explain \_\_\_\_\_

\_\_\_\_\_

Yes  No Has this Company been indebted to or made application for a loan from a Small Business Administration within the past 24 months?

**SAFETY**

1. What is Company's current Experience Modifier Rate (EMR): EMR \_\_\_\_\_ Year \_\_\_\_\_

2. Does your Company have a written OSHA compliant safety program?  Yes  No

3. Does your Company have a written Drug Abuse Policy which includes pre-hire, random, and post-accident drug testing?  Yes  No

**REFERENCES**

1. List three general contractors and project owners for trade references.

Reference #1 \_\_\_\_\_ Company \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Reference #2 \_\_\_\_\_ Company \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Reference #3 \_\_\_\_\_ Company \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

2. List three suppliers/vendors that you buy material from on a regular basis.

Supplier/Vendor #1 \_\_\_\_\_ Company \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Supplier/Vendor #2 \_\_\_\_\_ Company \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

Supplier/Vendor #3 \_\_\_\_\_ Company \_\_\_\_\_

Direct Phone No. / Mobile No. \_\_\_\_\_ E-mail Address \_\_\_\_\_

I certify that the information above is accurate and true. It is also understood that any misleading and/or false statements contained herein may disqualify the Company and/or be sufficient cause for termination of any contract, agreement or work assignment awarded by Pulice Construction, Inc.

*The contents of this questionnaire will be considered confidential and will not be duplicated, used or disclosed (in whole or in part) for any purpose other than to serve as an element for subcontractor / supplier registration.*

[Insert Submit Button here]