



**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:

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:

Name and home address of each member:

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

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):

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]