



SUBCONTRACTOR/ SUPPLIER INFORMATION FORM

DATE: _____

COMPANY NAME: _____

PRINCIPAL CONTACT: _____

ESTIMATING CONTACT: _____

ESTIMATING EMAIL ADDRESS: _____

PHONE #: _____ **FAX #** _____

PHYSICAL ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

MAILING ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

COMPANY TYPE: Subcontractor Supplier Only

CSI DIVISION(S)/TYPE OF WORK YOUR COMPANY PERFORMS: _____

OWNER NAME(S): _____

FORM OF BUSINESS: Corporation Partnership Other

CERTIFICATIONS: WBE MBE SBE HUB Other

(please provide copy of certifications with this form)

YEARS IN BUSINESS:

Under above name: _____ years Dun & Bradstreet #: _____

Under other name: _____ years Name of other company: _____

GROSS COMPANY VOLUME (last 3 years):

_____: _____ year : _____ volume _____: _____ year : _____ volume

PERSONNEL

1. Number of office personnel: _____
(Field project managers, general superintendents, general foremen)

2. Number of field supervisory personnel: _____
(Field project managers, general superintendents, general foremen - excluding working foremen)

3. Number of field workers: _____
(Working foremen, craftsmen, labor - including working foremen)



CLAIMS AND SUITS

- 1. Has your company ever failed to complete a contract?
 Yes No
- 2. Has any owner/partner of your company ever been an owner/partner of another company when it failed to complete a contract?
 Yes No
- 3. Has your company or its owners been involved in a lawsuit or arbitration on any construction project within the past 5 years?
 Yes No
- 4. Are there any liens or judgements pending against the company and/or its owners?
 Yes No

(If any of the above questions are answered "yes," attach a complete explanation including dates and names of persons and companies involved.)

BONDING

Do you currently have a bonding line? Yes No

Bonding/surety's Name: _____

Bonding agent: _____ Phone #: _____

How long with this surety? _____

Maximum single project limit: \$ _____

Total aggregate limit: \$ _____

Has a payment and performance bond been issued in the last 12 months? Yes No

Date of bond: _____ Amount: \$ _____

BANKING

Primary banking institution: _____

Location: _____

Contact name: _____ Phone #: _____

How long with this bank? _____

Do you have a line of credit with this bank? Yes No Amount: \$ _____



FINANCIAL

1. Are you currently factoring or selling receivables? _____
2. Have you factored or sold receivables in the past 2 years? _____
3. Do you plan on factoring or selling receivables in the next 12 months? _____
 (If yes, please attach a detailed explanation)

Subcontractors will be required to provide a **confidential** audited financial statement prior to any contract award.

TRADE ASSOCIATIONS/MEMBERSHIPS

ABC AGC ASA DBIA Union Other: _____

LIST RECENT PROJECTS COMPLETED

(attach separate sheet if necessary)

Project Name	GC/CM	\$ Value	Date Completed	% of Contract Self Performed	% of Contract Sub-Contracted

LIST OF CURRENT PROJECTS

(attach separate sheet if necessary)

Project Name	GC/CM	\$ Value	Current % Complete	Completion Date	% of Contract Self Performed	% of Contract Sub-Contracted



Project Name	GC/CM	\$ Value	Current % Complete	Completion Date	% of Contract Self Performed	% of Contract Sub-Contracted

CURRENT CONTRACTS

1. Total number of current contracts: _____
2. Total amount of current contracts: _____
3. Total dollar value of uncompleted work (value of work yet to be billed): _____

PROJECT REFERENCES

(attach separate sheet if necessary)

Name	Company	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

TRADE/SUPPLIER REFERENCES

(attach separate sheet if necessary)

Name	Company	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



SAFETY (FOR SUBCONTRACTORS ONLY)

1. Does your firm have an established safety program? Yes No
2. Will you provide a copy of this program if requested? Yes No
3. Please provide your EMR for the past three years.

_____ : _____ _____ : _____ _____ : _____
 year EMR year EMR year EMR

Please provide following information from your OSHA 300 log for the past three years:

	YEAR		
Number of fatalities (Column G)			
Number of lost and restricted workday cases (Column H + I)			
Number of medical treatment cases (Column J)			
Number of lost workday cases (Column H)			
Total employee hours worked			
OSHA recordable incidence rate (Column G+H+I+J X 200,000) / Employee hours worked = recordable incidence rate			
OSHA Lost Workday Incidence Rate (Column H X 200,000) / Employee hours worked = Lost workday incidence rate			
How many OSHA violations did your company receive?			
How many willful OSHA violations did your company receive?			

Please provide copies of your OSHA 300 logs (private employee information may be hidden)

4. List all competent individuals and describe the specialized training they have received (i.e., trench protection, scaffold, etc.):

Name	Type of Training	Date Trained
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5. Is your company a participant in the OSHA Challenge Program? Yes No

6. Does your company have a substance abuse policy? Yes No

Frequency: Pre-employment Cause Post-accident/incident Random



7. Do you require documented safety meetings for your employees? Yes No

Frequency: _____

8. Does your company provide safety training for all employees? Yes No

Please describe

9. Describe your company's requirements for personal protective equipment:

We certify that the information we have provided herein is true and correct and that American Constructors will rely on this information when evaluating and considering our company to perform work.

Print name of preparer: _____ Title: _____

Signed: _____

Mail, fax, or email completed form to:

American Constructors
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Cedar Park, Texas 78613
FAX: (512) 328-2520
estimating@acitexas.com