

CONTRACTOR / VENDOR INFORMATION SHEET

1. **BUSINESS TYPE:** Contractor () Vendor ()

2. **BUSINESS INFORMATION – (Attach a copy of W-9 Form)**
Company Name: _____
Mailing Address _____
Street Address _____
City, State, Zip: _____
Telephone Number () _____ Facsimile Number () _____

3. **BUSINESS ORGANIZATION** Corporation () Partnership () Individual () Joint Venture ()

4. **STATE AND DATE ORGANIZED** _____

5. **NAME & TITLE OFFICERS, OWNERS, AND/OR PARTNERS**

<u>Name</u>	<u>Title</u>
_____	_____
_____	_____
_____	_____
_____	_____

6. **IF A SUBSIDIARY OF ANOTHER COMPANY, LIST PARENT COMPANY NAME & ADDRESS:**

7. **LENGTH OF TIME IN BUSINESS:**
A) UNDER CURRENT NAME _____ B) UNDER OTHER NAME _____

8. **METHOD OF OPERATION:** CLOSED SHOP () OPEN SHOP () MERIT SHOP ()

9. **LIST STATES AND WORK CATEGORIES IN WHICH YOUR ORGANIZATION IS LEGALLY QUALIFIED TO DO BUSINESS:**

10. **CURRENT NUMBER OF:**
A) FULL-TIME EMPLOYEES _____ B) PROJECT MANAGERS _____ C) ESTIMATORS _____

11. **ARE YOU OR ANY OFFICERS, STOCKHOLDERS, KEY MEMBERS, OR ANY RELATED COMPANIES INVOLVED IN ANY LITIGATION OR DISPUTES, OR ANY JUDGMENTS PENDING OR RENDERED?** NO () YES () IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE

12. **HAVE YOU FAILED TO COMPLETE ANY WORK AWARDED TO YOU?** NO () YES ()
IF YES, PLEASE EXPLAIN ON A SEPARATE PAGE.

13. LIST YOUR MAJOR CONSTRUCTION PROJECTS (MINIMUM 5) COMPLETED IN THE LAST FIVE YEARS:

PROJECT NAME					
LOCATION					
CONTRACT AMOUNT					
OWNER NAME					
ARCHITECT NAME					
G.C. NAME					
BID/ NEGOTIATED					
BONDED/ UNBONDED					

14. LIST ALL YOUR MAJOR CONSTRUCTION PROJECTS CURRENTLY IN PROGRESS:

PROJECT NAME					
LOCATION					
CONTRACT AMOUNT					
% COMPLETE					
OWNER NAME					
ARCHITECT NAME					
G.C. NAME					
COMPLETION DATE					
BID/ NEGOTIATE					
BONDED/ UNBONDED					

15. LIST FIVE (5) GENERAL CONTRACTOR REFERENCES FOR WHICH YOU HAVE WORKED:

COMPANY NAME	CONTACT	TELEPHONE NUMBER	ADDRESS

16. LIST FIVE (5) TRADE (CREDIT) REFERENCES:

COMPANY NAME	CONTACT	TELEPHONE NUMBER	ADDRESS

17. SUBMIT A COPY OF YOUR STANDARD INSURANCE CERTIFICATE SHOWING COVERAGES & LIMITS.

18. **INSURANCE AGENCY NAME:** _____
ADDRESS: _____
CITY, STATE, ZIP: _____
TELEPHONE NO.: _____

19. **BOND AGENCY NAME:** _____
ADDRESS: _____
TELEPHONE NO.: _____
DOLLAR AMOUNT OF BONDED WORK ON HAND \$ _____
PERCENT OF BONDED WORK TO TOTAL WORK: _____
BONDING CAPACITY: A) TOTAL: _____ B) PER JOB: _____
BOND PREMIUM RATE: _____
SURETY COMPANY: _____

20. **BUSINESS BANK NAME:** _____
ADDRESS _____
CITY, STATE, ZIP: _____
ACCOUNT EXECUTIVE _____
TELEPHONE NUMBER _____
TYPE OF ACCOUNT AND ACCOUNT NUMBERS: _____

LINE OF CREDIT \$ _____

21. **TOTAL VOLUME OF SALES AND/OR WORK PERFORMED FOR EACH OF THE PREVIOUS FIVE YEARS:**

YEAR:					
AMOUNT:					

22. **SUBMIT YOUR LATEST AUDITED, REVIEWED, OR COMPILED BALANCE SHEET AND INCOME STATE THAT INCLUDES:**

CURRENT ASSETS, TOTAL ASSETS, CURRENT LIABILITIES, LONG TERM LIABILITIES, EQUITY, REVENUE, GROSS PROFIT AND NET INCOME.

23. **FEDERAL IDENTIFICATION NUMBER:** _____
 W-9 form Attached

24. **WHO DO YOU PROPOSE TO USE AS:**

A) **YOUR PROJECT MANAGER:** _____

B) **YOUR SUPERINTENDENT:** _____

(PLEASE ATTACH RESUMES OF EACH WITH A LIST OF GENERAL CONTRACTORS FROM THEIR LAST THREE PROJECTS.)

25. **WORKMAN'S COMPENSATION EXPERIENCE MODIFIER:** _____

26. **STATE CONTRACTOR LICENSE # FOR STATE THIS PROJECT WILL BE BUILT:** _____
 (A copy of the license must be attached)

27. **PLEASE MARK THE BOX FOR ANY ORGANIZATION WHICH YOUR COMPANY IS A MEMBER AND INCLUDE COPY OF CERTIFICATION:**

- | | |
|---|---|
| <input type="checkbox"/> Small Business (SB) | <input type="checkbox"/> Women-Owned Small Business (WOSB) |
| <input type="checkbox"/> HUBZone Small Business (HZSB) | <input type="checkbox"/> Veteran-Owned Small Business (VOSB) |
| <input type="checkbox"/> Small Disadvantaged Business (SDB) | <input type="checkbox"/> Service-Disabled Veteran-Owned Small Business (SDVOSB) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Not Applicable |

INFORMATION FURNISHED BY:

NAME: _____
TITLE: _____
COMPANY: _____
DATE: _____

REQUESTED BANKING INFORMATION

Hoar Construction, LLC would like your permission to acquire the information in the box below from your bank. Please review the information requested and indicate your authorization for us to contact your bank.

Please provide the following:

Subcontractor / Vendor Name: _____
Address: _____
City, State, Zip: _____
Contact Person: _____
Phone Number: _____
Project: _____
Bank Name: _____
Branch: _____
Branch Address: _____
Contact Person: _____
Contact / Branch Phone Number: _____
Contact / Branch Fax Number: _____

The following questions are to be completed by the bank when contacted by Hoar Construction, LLC

QUESTIONS to be answered by the bank:

1. How long has the firm listed above been doing business with you? _____
2. Type of accounts? _____
3. What is their highest credit limit? _____
4. Do they pay their bills on time? _____
5. Current loan information: _____

I hereby authorize the bank listed above to provide responses to questions 1 thru 5 above to Hoar Construction, LLC

Signature of authorized party of Subcontractor / Vendor

Print Name

Date