



Subcontractor Information Form

Date: _____

Company Name: _____

Business Address

Street: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Fax: _____

Contact Person: _____

Email: _____

1. PRIMARY TYPE OF WORK

- General Construction
- Mechanical
- Electrical
- Fire Protection
- Other: _____

2. STATES LICENSED IN

- Maryland
- Delaware
- Virginia
- Pennsylvania

3. GEOGRAPHIC RADIUS OF OPERATIONS: _____
OR OFFICE LOCATIONS: _____

4. OFFICERS, PARTNERS OR OWNERS FOR OFFICE LOCATION BIDDING THE WORK:

NAME	TITLE	YEARS EXP IN WORK ABOVE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



5. WORK YOU WILL PERFORM WITH OWN FORCES IN THIS PROJECT

6. DO YOU AND YOUR SUBCONTRACTORS OPERATE UNDER A STANDARD FORM OF AIA AGREEMENT?
 Yes No

7. CONTRACTOR'S INSURANCE
Name of Insuring Companies: _____
"Best Insurance Guide" Rating of Insurance Company: _____

8. AVERAGE ANNUAL CONSTRUCTION VOLUME (LAST FOUR YEARS) BY OFFICE/LOCATION BIDDING THE WORK
\$ _____ % Negotiated _____ % Competitive Bid

9. TOTAL WORK IN PROGRESS OR UNDER CONTRACT
\$ _____

10. BONDING CAPACITY: \$ _____

11. Yes No HAVE YOU AT ANY TIME FAILED TO COMPLETE A CONTRACT?

Yes No ARE THERE ANY JUDGEMENTS, CLAIMS OR SUITS PENDING OR OUTSTANDING AGAINST YOU?

Yes No ARE YOU NOW, OR HAVE YOU EVER BEEN INVOLVED IN ANY BANKRUPTCY OR REORGANIZATION PROCEEDINGS?

Yes No IF THE ANSWER TO ANY QUESTION IS YES, PLEASE SUBMIT DETAILS ON SEPARATE SHEET.

Company Name

By

Title

Date