



Subcontractor Information Form

Date: _____

Company Name: _____

Business Address

Street: _____

City: _____

State: _____

ZIP: _____

Phone: _____

Fax: _____

Contact Person: _____

Email: _____

Website: _____

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:

Table with 3 columns: NAME, TITLE, YEARS EXP IN WORK ABOVE. Includes five rows of blank lines for data entry.

5. MDOT Certified? _____ MDOT # _____



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

7. DO YOU AND YOUR SUBCONTRACTORS OPERATE UNDER A STANDARD FORM OF AIA AGREEMENT?

Yes

No

8. CONTRACTOR'S INSURANCE

Name of Insuring Companies: _____

"Best Insurance Guide" Rating of Insurance Company: _____

9. AVERAGE ANNUAL CONSTRUCTION VOLUME (LAST FOUR YEARS) BY OFFICE/LOCATION BIDDING THE WORK

\$ _____ % Negotiated _____ % Competitive Bid

10. TOTAL WORK IN PROGRESS OR UNDER CONTRACT

\$ _____

11. BONDING CAPACITY: \$ _____

12. 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