



## SUBCONTRACTOR INFORMATION FORM

GENERAL INFORMATION			
Company Name:			
Trade or Materials Provided:			
Address:			
City:	State:	ZIP Code:	
Phone:	Fax:	SSN or EIN:	
Contact:	Phone:	E-mail:	
COMPANY INFORMATION			
Sole Proprietor		Corporation	
Partnership			
<b>For Corporations</b>		Date of Incorporation:	State of Incorporation:
Certifications	DBE	SBE	MBE
WBE	HUB	8a	Veteran-Owned
<b>If Certified, please attach copies of your Certifications.</b>			
PROJECT INFORMATION AND REFERENCES			
Has your company previously performed work for D. L. Bandy Constructors? If yes, please complete the following:			
<b>Name of Project</b>	<b>DLBC Project Manager</b>	<b>Contract Amount</b>	
Please list below the last three projects you have completed			
<b>Project Name and Location</b>	<b>General Contractor or Owner</b>	<b>Contact &amp; Phone</b>	
Please list below your annual contract volume for the past 3 Years:			
2010:	2011:	2012:	
Has your ever defaulted or failed to complete a project?			
INSURANCE AND BONDING			
Insurance Agent:	Phone:	<b>Attach a current Insurance Certificate</b>	
Bonding Agent:		Bonding Capacity:	
SAFETY			
Experience Modification Rate (past 3 years)	Year:	Rate:	Year:
Year:	Rate:	Year:	Rate:
Do you have a written Safety Plan?		Have you ever been cited by OSHA?	
<b>If Yes, please attach details &amp; outcome</b>			
Do you conduct drug screens on your employees?		Do you perform criminal background checks on your employees ?	
BANK AND TRADE REFERENCES			
BANK:	CONTACT PERSON:	PHONE:	
TRADE COMPANY:	CONTACT PERSON:	PHONE:	