

Company Name:			
Federal ID No.:			
CORPORATE INFORMATION			
Address:			
City:	State:	Zip:	
Phone:	Fax:	Website:	
Contact Name:		Contact Email:	
Year Established:	Parent Company Name:		
COMPANY OFFICERS			
President:	Mobile:	Email:	
Vice President:	Mobile:	Email:	
Vice President:	Mobile:	Email:	
Sec./Treasurer:	Mobile:	Email:	
TRADE			
List the types of work by CSI:			
List geographic locations you work: (by county, state and/or radius)			
License Numbers:			
Total Number of Employees:	Office:	Shop:	Field:
Trade Certifications:			
Trade Associations:			
What work do you subcontract?			
Are you directly or indirectly affiliated with any labor unions?			
If so, which unions:			
MINORITY STATUS			
Indicate if you are a minority business enterprise (MBE, WBE or DBE):			
Certified by: (include certificates)		Expires:	
ATTACH CERTIFICATION			
ESTIMATING			
General Estimating Email: <small>(Only include info for above if it would not change with the departure of an employee)</small>		General Estimating Fax:	
Primary Est. Contact:	Mobile:	Email:	Fax:
Secondary Est. Contact:	Mobile:	Email:	Fax:
How would you like to receive invitations to bid (Email or Fax)?			
Fed Ex/UPS Shipping No.:			
Additional Estimating Info:			

FINANCIAL			
Annual Sales for the last three (3) years:			
Year	Sales	Year	Sales
20xx	\$	20xx	\$
Largest single contract awarded in the last three (3) years:			
Description:			
Average Contract Value: \$			
Current backlog: \$			
Attach a list of <u>current</u> major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and scheduled completion date. (Include contact people and phone numbers)			
Attach a list of <u>completed</u> major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work and completion date. (Include contact people and phone numbers)			
FILL OUT AND RETURN W-9 FORM <small>(if you have not previously worked for Holland Construction)</small>			
ATTACH LAST TWO (2) YEARS OF FINANCIAL STATEMENTS			
BANKING			
Bank Name:			
Address:			
City:		State:	Zip:
Contact Name:		Phone:	Email:
Does your company have a line of credit?		Secured or Unsecured?	
If yes, what is the amount of the line of credit?			
Amount of available line of credit?			
BONDING			
Can your company bond projects? <small>(if yes, fill out info below)</small>			
Total Bonding Capacity:		Per Project Bonding Capacity:	
Bonding Company Name:			
Contact Name:		Phone:	Email:
List the persons or entities that provide indemnification to your surety.			
ATTACH A LETTER FROM YOUR SURETY STATING TOTAL AND PER PROJECT BONDING CAPACITY			
LEGAL			
Has your company ever failed to complete any work awarded to it?			
Are there any Judgments, Claims, Arbitration Proceedings or Lawsuits pending or outstanding against your company or its officers?			
Has your company filed any Lawsuits or requested Arbitration relating to construction contracts within the last five (5) years?			
Has your company or its Principals ever filed for Bankruptcy?			
Has your company been investigated for or charged with alleged labor law violations? <small>(including alleged violations of the Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, state or local labor laws)</small>			
IF YES TO ANY ABOVE, ATTACH EXPLANATION			

SAFETY

Provide the following information for current and last three (3) years:

Measure	Current	20xx	20 xx	20 xx
Experience Modification Factor				
Fatalities*				
Total OSHA Recordable Incidents				
Incidents w/ Lost or Restricted Days				
Average Number of Employees				
Number of OSHA Inspections				
Number of OSHA Citations				

ATTACH A LETTER DESCRIBING ALL MAJOR INJURIES OR FATALITLIES

What is your frequency rate? (lost time injuries per 200,000 manhours)

Does your company have a Safety Program & Safety Manual?

Does your company have a Hazard Communication Program?

Does your company conduct weekly Tool Box Talks?

Does your company have a drug testing program?

Does your company conduct documented safety audits?

If yes, how often?

Does your company have a Field Safety Representative?

Is this person in-house or contracted?

Please read Holland Construction's current "Subcontractor Safety Requirements" located on our website. These minimum requirements will be included in all subcontracts.

Does your company agree to meet the Subcontractor Safety Requirements?

ATTACH A COPY OF YOUR OSHA FORM 300A SUMMARY OF WORK-RELATED INJURIES & ILLNESSES

INSURANCE

Please read Holland Construction's current "Insurance Requirements" located on our website. These minimum requirements will be included in all subcontracts.

Does your company agree to meet the Insurance Requirements?

REFERENCES

Company	Contact	Phone

The undersigned (company officer) personally certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading. Holland Construction shall rely on this information for the selection of bidders and the award of subcontracts.

Signature:

(if filling out form electronically, the printed name shall serve as a signature)

Title:

Printed Name:

Date:

Attachments: (Please indicate with an "X" next to the items you are including)

- | | |
|---|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Current/Past Project Listing <input type="checkbox"/> W-9 Form <input type="checkbox"/> Financial Statements (2 years) | <ul style="list-style-type: none"> <input type="checkbox"/> Bonding Capacity Letter <input type="checkbox"/> OSHA Form 300A <input type="checkbox"/> Explanations (if necessary) |
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