

# T&W Contractors Plus

## Subcontractor Information

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Fax: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

What trades or type of work is self-performed by your company?

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What types of projects does your company perform? (Check all that apply)

Residential     Commercial     Industrial     Institutional     Hospital

What types of work does your company typically contract for?: (Check all that apply)

Plans & Spec     Design \ Build     Service & Maintenance Work

What city or regional area(s) are you interested in working in?

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### **Emergency Contacts:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Pager: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_ Pager: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Company Information:**

Owner Name: \_\_\_\_\_ Title: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Corporate Structure: \_\_\_\_\_  
(Sole Proprietor, Partnership, S-Corp, etc.)

Number of Employees: \_\_\_\_\_ Office: \_\_\_\_\_ Field: \_\_\_\_\_

Special Status: (Check all that apply)

WBE     MBE     DBE     SBE

Is your company open shop or union?

Union     Open Shop    Are you a member of ABC?     Yes     No

What is your Experience Modification Rating (EMR) ? \_\_\_\_\_

Have you ever received any OSHA citations?     Yes     No

If yes, please list details:

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Are there any pending legal claims against your company?     Yes     No

If yes please list details:

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Legal Counsel: \_\_\_\_\_ Firm: \_\_\_\_\_

Contact : \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Insurance and Bonding:**

Who is the contact at your office that handles your insurance? \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_

Local Agent Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

What is the largest project you can bond?    \$\_\_\_\_\_

Bonding Company: \_\_\_\_\_

Bonding Agent Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

**Financial Information:**

Bank: \_\_\_\_\_

Bank Contact Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Current D&B Rating: \_\_\_\_\_

The above information was completed by: Name: \_\_\_\_\_  
( Type or print )

Signature: \_\_\_\_\_

Please attach the following information to this form:

- Current Certificate of Liability insurance
- Current Worker's Comp Insurance Certificate
- List of References

Please return this form and attachments to:

Fernando Cruz Jr. (fcruzus@gmail.com)