

American Constructors

SUBCONTRACTOR/ SUPPLIER INFORMATION FORM

DATE: _____

COMPANY NAME: _____

PRINCIPAL CONTACT: _____

ESTIMATING CONTACT: _____

ESTIMATING EMAIL ADDRESS: _____

PHONE # _____ FAX # _____

PHYSICAL ADDRESS: _____

CITY _____ STATE _____ ZIP _____

MAILING ADDRESS: _____

CITY _____ STATE _____ ZIP _____

COMPANY TYPE: Subcontractor__ Supplier Only__

CSI DIVISION(S) / TYPE OF WORK YOUR COMPANY PERFORMS:

OWNER(S) NAME(S) _____

FORM OF BUSINESS: Corporation__ Partnership__ Other__

Certifications: WBE__ MBE__ SBE__ HUB__ Other__
(please provide copy of certifications with this form)

YEARS IN BUSINESS:

Under Above Name _____ years Dun & Bradstreet # _____

Under Other Name _____ years Name of Other Company _____

GROSS COMPANY VOLUME (last 3 years): _____

NUMBER OF PERSONNEL FOR YOUR ENTIRE COMPANY:

1) Number of Office Personnel _____
(Executives, Office Project Managers, Estimators, Support Staff, Accounting)

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2) Number of Field Supervisory Personnel _____ (excluding Working Foremen)
 (Field Project Managers, General Superintendents, General Foremen)

3) Number of Field Workers _____ (Including Working Foremen)
 (Working Foremen, Craftsmen, Labor)

HAS YOUR COMPANY OR ANY OTHER COMPANY OWNED BY ANY OF THE CURRENT COMPANY OWNERS:

	Yes	No
1. Failed to complete a contract?	_____	_____
2. Been involved in a lawsuit or arbitration on any construction project within the past 5 years?	_____	_____
3. Are there any liens or judgements pending against the company and/or its owners?	_____	_____

If any of the above questions are answered "yes", attach a complete explanation including dates and names of persons and companies involved.

BONDING:

Do you currently have a bonding line? Yes No

Bonding/Surety's Name _____

Bonding Agent _____ Phone # _____

How long with this surety? _____

Maximum single project Limit \$ _____ Total Aggregate Limit \$ _____

Has a payment and performance bond been issued in the last 12 months? Yes No

Date of Bond: _____ Amount \$ _____

BANKING:

Primary Banking Institution: _____

Location: _____

Contact Name: _____ Phone # _____

How long with this Bank? _____

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Do you have a line of Credit with this bank? Yes No Amount \$ _____

FINANCIAL:

Are you currently factoring or selling receivables? _

Have you factored or sold receivables in the past 2 years? _____

Do you plan on factoring or selling receivables in the next 12 months? _____

(Please attach a detailed explanation if yes)

Subcontractors will be required to provide a **confidential** audited financial statement prior to any contract award.

TRADE ASSOCIATIONS / MEMBERSHIPS:

ABC___ AGC__ ASA__ DBIA__ Union _____ Other _

LIST RECENT PROJECTS COMPLETED:

(attach separate sheet if necessary)

Project Name	GC / CM	\$ Value	Date Completed	% of Contract Self Performed	% of Contract Sub-Contracted

LIST OF CURRENT PROJECTS:

(attach separate sheet if necessary)

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Project Name	GC / CM	\$ Value	Current % Complete	Completion Date	% of Contract Self Performed	% of Contract Sub-Contracted

CURRENT CONTRACTS:

Total Number of Current Contracts: _____

Total Amount of Current Contracts: _____

Total Dollar value of uncompleted work
(the value of work yet to be billed): _____

PROJECT REFERENCES:

(attach separate sheet if necessary)

<u>Name</u> <u>Number</u>	<u>Company</u>	<u>Telephone</u>

TRADE/SUPPLIER REFERENCES:

(attach separate sheet if necessary)

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Name _____
Number _____

Company _____

Telephone _____

THE FOLLOWING SAFETY SECTION IS FOR SUBCONTRACTORS ONLY:

SAFETY:

Does your firm have an established safety program? Yes No

Will you provide a copy of this program if requested? Yes No

Please provide your EMR rate for the past three years:

SAFETY, cont'd

Please Fill out the Following Information from your OSHA 300 Log for the past 3 years:

Number of Fatalities (Column G)			
Number of Lost and Restricted Workday Cases (Column H + I)			
Number of Medical Treatment Cases (Column J)			
Number of Lost Workday Cases (Column H)			
TOTAL Employee Hours Worked			
OSHA Recordable Incidence Rate <small>(Column G+H+I+J X 200,000) / Employee hours worked = Recordable Incidence rate</small>			
OSHA Lost Workday Incidence Rate <small>(Column H X 200,000) / Employee hours worked = Lost Workday Incidence rate</small>			
How many OSHA Violations did your company receive ?			
How many Willful OSHA Violations did your company receive?			

(Please provide Copies of your OSHA 300 logs. Private Employee information may be hidden.)

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List all Competent Individuals and describe the specialized training they have received (ie: Trench Protection, Scaffold, etc.) :

Name	Type Training	Date Trained

Is your company a participant in the OSHA Challenge Program? Yes No

Does your company have a substance abuse policy? Yes No

Pre-Employment Cause Post- Accident/Incident Random

Do you require documented Safety Meetings for your employees? Yes No

What is the frequency of these meetings? _____

Does your company provide safety training for all employees? Yes No

Please Describe: _____

Describe your company's requirements for Personal Protective Equipment: _____

We certify that the information we have provided herein is true and correct and that American Constructors will rely on this information when evaluating and considering our company to perform work.

Print Name of Preparer: _____ Title: _____

Signed: _____

Mail, fax, or email completed form to:

American Constructors
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Cedar Park, Texas 78613
FAX: (512)328-2520
estimating@acitexas.com