



SUBCONTRACTOR INFORMATION SHEET

Please print & complete this form in its entirety and submit either by fax, mail or email.
ATTENTION: Devonna Oldag EMAIL: info@blsconstruction.net FAX: 979-543-5006
MAIL: 207 Fahrenthold Street, El Campo, TX 77437

CHECK ALL THAT APPLY

- SUBCONTRACTOR - FURNISH & INSTALL
- SUBCONTRACTOR - INSTALL ONLY
- SUPPLIER - MATERIALS ONLY

COMPANY INFORMATION

COMPANY NAME _____ PHONE _____
 ADDRESS _____ FAX _____
 CITY _____ STATE _____ ZIP CODE _____
 COMPANY WEB SITE _____ CONTACT EMAIL _____
 FEDERAL ID# _____ or SOCIAL SECURITY # _____
 TYPE OF COMPANY CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP OTHER
 DATE OF ESTABLISHMENT _____ # OF EMPLOYEES _____

PRINCIPLE OWNERS/OFFICERS

NAME _____ TITLE _____ PHONE # _____
 NAME _____ TITLE _____ PHONE # _____

MINORITY BUSINESS ENTERPRISE STATUS: MBE WBE DBE SBE (attach certification forms)

Has your firm ever filed bankruptcy? YES NO Are there any judgments against your firm? YES NO
 Are there any claims against your firm? YES NO Has your firm ever failed to complete a contract? YES NO
 Has your firm been cited for any safety violations in the past 3 years? YES NO

If you answered YES to any of the questions above, please explain: _____

Does your firm have random drug testing? YES NO Does your firm have a written safety policy? YES NO
 Does your firm perform background checks on new hires? YES NO

BANKING REFERENCES

BANK _____ CONTACT _____
 ADDRESS _____ PHONE _____
 BANK _____ CONTACT _____
 ADDRESS _____ PHONE _____

INSURANCE - HAVE YOUR INSURANCE CARRIER FAX, MAIL, OR EMAIL YOUR CERTIFICATE TO US

CARRIER _____ CONTACT NAME _____
 PHONE _____ FAX _____
 CURRENT WC EXPERIENCE MODIFIER RATE (Your insurance agent can give you your EMR#) _____

LIST THE TRADES YOU NORMALLY PERFORM WITH YOUR OWN FORCES: _____

PROJECT INFORMATION – List information on your 3 largest projects completed in the last year.

#1 NAME & DESCRIPTION _____

LOCATION _____ SUBCONTRACT AMOUNT _____

GENERAL CONTRACTOR _____ CONTACT NAME _____ PHONE _____

#2 NAME & DESCRIPTION _____

LOCATION _____ SUBCONTRACT AMOUNT _____

GENERAL CONTRACTOR _____ CONTACT NAME _____ PHONE _____

#3 NAME & DESCRIPTION _____

LOCATION _____ SUBCONTRACT AMOUNT _____

GENERAL CONTRACTOR _____ CONTACT NAME _____ PHONE _____

SUPPLIER/GENERAL CONTRACTOR REFERENCES

SUPPLIER _____ CONTACT _____ PHONE _____

SUPPLIER _____ CONTACT _____ PHONE _____

GENERAL CONTRACTOR _____ CONTACT _____ PHONE _____

THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (print name) _____ DATE _____

SIGNATURE _____