



SUBCONTRACTOR AND SUPPLIER INTEREST FORM

Please email completed forms to info@allconstructiongroup.com

Legal Name of Business: _____

DBA: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Email: _____ Phone: _____ Fax: _____ Website: _____

Number of Employees: Full-Time: _____ Part-Time: _____

Number of Years in Business: _____ Annual Volume: _____

Area(s) of Specialty/ NAICS Code(s): _____

Geographical Area You Work In (e.g., City, County, State): _____

Minority Certification (e.g., MBE, WBE, DBE, VOSB): _____

(Attach Current Certification Letter)

Does your firm share office space, staff, or equipment with any other company? If yes, explain:

Has your firm ever been denied certification, decertified, or graduated from any certification program?

If yes, explain: _____

Signatory to Union: _____ Local #: _____

Licenses: License No./State: _____ Type: _____

License No./State: _____ Type: _____

License No./State: _____ Type: _____

Bonding: Project Limit: _____ Aggregate Limit: _____

Bonding Company: _____ A.M. Best Rating: _____

Broker/Agent: _____ Phone No: _____

Safety – Current EMR: _____

Please list 3 projects your firm has completed within the last 18 months – include project name, general contractor, contract value, and scope of work.

- 1. _____

- 2. _____

- 3. _____

Please list 3 project references – include company name, contact person and telephone number:

- 1. _____

- 2. _____

- 3. _____

Minimum Contract Size: _____ **Maximum Contract Size:** _____

Brief Statement of Capabilities:

Name (Printed): _____

Signature: _____ **Date:** _____