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)

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? _____

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)

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)

Name	Company	Telephone Number

TRADE/SUPPLIER REFERENCES:
(attach separate sheet if necessary)

Name	Company	Telephone Number

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:

	2009	2008	2007
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 (Column G+H+I+J X 200,000) / Employee hours worked = Recordable Incidence rate			
OSHA Lost Workday Incidence Rate (Column H X 200,000) / Employee hours worked = Lost Workday Incidence rate			
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.)

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, Inc.
4330 Gaines Ranch Loop, Suite 230
Austin, Texas 78735
FAX: (512)328-2520
estimating@acitexas.com