

Mid-Ohio Construction Subcontractor Qualification Form

Company Name: Year Established:

Corporation Partnership Sole Proprietor Length of Time Under Present Ownership:

Drug Testing Program Written Safety Program MBE WBE

Contact: Title:

Street Address 1:

Street Address 2: State:

City: Zip Code:

Phone: Fax:

Web site:

COMPANY PRINCIPALS / OFFICERS

Name:

Name:

Title:

Title:

Phone:

Phone:

E-mail:

E-mail:

LICENSES

Contractor's License #:

Tax ID #:

Employment Security #:

UBI #:

I&I Account ID #:

UNION AFFILIATIONS

Name:

Chapter:

Name:

Chapter:

BANKING

Bank: Branch:

Address:

Phone #: Contact:

Line of Credit Amount:

BONDING AND INSURANCE

Bonding Company (License):

Bonding Company Performance):

Bonding Agent: Phone:

Insurance Company):

Insurance Agent: Phone:

REFERENCES (Current and please include two general contractors)

Name: Phone:

Name: Phone:

Name: Phone:

SUPPLIERS (Please list your three largest suppliers)

Name: Phone:

Name: Phone:

Name: Phone:

GENERAL

Geographic Locations Served:

Divisions of Work Performed:

Largest Contract During Past Year:

For Whom:

Are you currently involved in a claim dispute with any of your general contractors? (If yes, please explain below)

Yes No

Dispute Details:

Are you currently involved in any lawsuits? (If yes, please explain below)

Yes No

Lawsuit Details:

Have you ever filed bankruptcy? (If yes, please explain below)

Yes No

Bankruptcy
Details:

Any Comments you wish to include

Your Comments:

PERSON COMPLETING QUALIFICATION FORM

Name:

Title:

Phone:

E-mail:

Date:

I certify that the above information is true and correct and authorize Mid-Ohio Construction to contact the above references regarding our credit standing or past performance.

By providing my name and checking the signature check box below I understand that I am electronically signing this document.

Signature check box