

SIRQ Construction Subcontractor Information Form

Please Send Completed Form to bids@SIRQ.com

Company: _____ State License #: _____

Phone: _____ Website: _____

Address: _____ City, State, Zip: _____

Contact (Name, Title, Email, Phone Number): _____

Contact (Name, Title, Email, Phone Number): _____

Trade(s) / CSI Master Format: _____

Regions of Work: _____

Last 5 Jobs Completed + Dollar Amount:

Job: _____ Amount: _____

Job: _____ Amount: _____

Job: _____ Amount: _____

Job: _____ Amount: _____

Job: _____ Amount: _____

Company Size and EMR:

	Revenue	EMR
2024		
2023		
2022		

Employee Count: _____

Ability to Bond? Yes No

If So, What Capacity? _____

Previous Litigations: If So,

Plaintiff: _____ Defendant: _____ Year: _____

Plaintiff: _____ Defendant: _____ Year: _____

Previous Insurance Claims: If So,

Date: _____ Description: _____

Date: _____ Description: _____

References of Other Completed Jobs:

Name, Job, + Contact: _____

Name, Job, + Contact: _____

Name, Job, + Contact: _____

