

SUBCONTRACTOR INFORMATION FORM



Company Name: _____ Phone: _____ Address: _____

Contact: _____ State License #: _____ Years in Business: _____
(Name / Title / Email / Phone)

Contact: _____ Website: _____
(Name / Title / Email / Phone)

Trade Scopes / CSI Format: _____ Regions of Work: _____

Last 5 Projects Completed + Dollar Amount:

Project: _____ \$: _____

Project: _____ \$: _____

Project: _____ \$: _____

Project: _____ \$: _____

Project: _____ \$: _____

Company Size & Safety:

Year	Revenue	EMR	TRIR
2025			
2024			
2023			

Employee Count: _____ Ability to Bond: Y N

Office: _____ Field: _____ Capacity/Rate: _____

Previous Litigation? Explain: (Plaintiff / Defendant / Year)

Previous Insurance Claim? Explain: (Description / Year)

Reference (Previous GC):

Reference (Previous Customer):

Reference (Vendor/Supplier):

Company	Contact	Phone

Company	Contact	Phone

Company	Contact	Phone