



SUBCONTRACTOR INFORMATION FORM

COMPANY INFORMATION		
Company Name:		
Mailing Address:		
City:	State:	Zip Code:
Federal ID #:	Phone #:	Fax #:
Contact:	Phone #:	Fax #:
Email Address:		
Estimating Contact:	Phone #:	Fax #:
Email Address:		
What scope of work does your company perform or what materials does you company supply?		
Areas of Operation: <input type="checkbox"/> Austin <input type="checkbox"/> San Antonio <input type="checkbox"/> Houston <input type="checkbox"/> South Texas <input type="checkbox"/> Corpus Christi <input type="checkbox"/> Dallas <input type="checkbox"/> Laredo		
Project Types: <input type="checkbox"/> Commercial <input type="checkbox"/> Retail <input type="checkbox"/> Corps of Engineers <input type="checkbox"/> Residential <input type="checkbox"/> Institutional <input type="checkbox"/> Educational <input type="checkbox"/> Tenant Finish/Improvements <input type="checkbox"/> Design-Build/Design-Assist <input type="checkbox"/> Hotels/Motels <input type="checkbox"/> Wood Frame <input type="checkbox"/> Civil Work		
List NAICS Code(s):		
Is Firm: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Joint Venture <input type="checkbox"/> L.L.C.		
For Corporations Only		
Date of Incorporation:		State of Incorporation:
If not incorporated in Texas, give Certificate of Authority to do business in Texas:		
Certificate #:	Date:	
President:	Vice President(s):	
Secretary:	Treasurer:	
For Partnerships Only		
Legal Entity of Partnership: <input type="checkbox"/> General <input type="checkbox"/> Limited <input type="checkbox"/> Association		
Partners' Names with Phone Numbers, Addresses and Zip Codes:		

GENERAL INFORMATION

Bondable? Yes No
 Bonding Capacity for a Single Job:
 Aggregate Bonding Capacity:
 Bonding Agency:
 Bonding Contact Name:
 Name of Surety Company:

Phone #:

Company's Insurance Limits: (please provide sample insurance certificate)

General Liability: _____ Occurrence _____ Aggregate

Auto Liability: _____ Occurrence _____ Aggregate

Excess Liability: _____ Occurrence _____ Aggregate

Workmen's Compensation Statutory Texas Coverage? Yes No

Years in Business: _____

Number of Employees: _____

If company has done business under another name, please state that name:

Company Name:

Company Address:

Has your company ever failed to complete or defaulted on a contract? Yes No

If the answer to the above question is YES, please complete the following:

Project Name:

Year:

Project Owner:

General Contractor:

Bonding Company:

Address with Zip Code:

Contact:

Phone #:

Is your company affiliated with any other company? Yes No

If the answer to the above question is YES, please complete the following:

Affiliated Company Name:

Phone #:

Address:

City:

State:

Zip:

REFERENCES/CURRENT PROJECTS

List three references with phone numbers, mailing addresses and zip codes:

Bank:

Trade:

Trade:

List at least three construction projects your firm has under contract: (use additional pages if needed)

Project Name and Start Date:	Owner and General Contractor:	Architect:	Contract Amount:

List at least three construction projects your firm has completed in the last three years: (use additional pages if needed)

Project Name and Completion Date:	Owner and General Contractor:	Architect:	Contract Amount:

SAFETY

Does your company have an OSHA Compliant Written Safety Program? Yes No

List your company's Experience Modification Rate (EMR) for the past three years:
 EMR: _____ Year: _____ EMR: _____ Year: _____ EMR: _____ Year: _____

Are jobsite safety meetings held regularly? Yes No

Does your firm have a Drug Testing Policy? Yes No

MINORITY CERTIFICATIONS

Is your company a certified minority contractor? Yes No

Please check and list certification numbers and agencies to any that apply:

<input type="checkbox"/> MBE	Certification #:	Agency:
<input type="checkbox"/> WBE	Certification #:	Agency:
<input type="checkbox"/> DBE	Certification #:	Agency:
<input type="checkbox"/> HUB	Certification #:	Agency:
<input type="checkbox"/> SBE	Certification #:	Agency:
<input type="checkbox"/> HUBZone	Certification #:	Agency:

VENDOR ID NUMBERS

Please supply your vendor registration number if registered with these entities:

State of Texas Vendor ID # _____

City of San Antonio Vendor ID # _____

AUTHORIZATION

I, _____, a representative of _____, hereby certify that all information provided in this document is true and correct to the best of my knowledge.

Signature: _____

Printed Name: _____

Title: _____

Date: _____

WHAT HAPPENS NEXT

After your information is approved by Contracts Manager, you will be sent the items necessary to complete your subcontractor registration (Mastersubcontract Agreement, Form W9, I9 Affidavit, Request for Certificate of Insurance, Workers Compensation Independent Relationship).