



### Subcontractor Information

Company Name: \_\_\_\_\_

Office Street Address: \_\_\_\_\_ PO Box \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Web Page: \_\_\_\_\_

Federal ID #: \_\_\_\_\_ State Sales Tax # : \_\_\_\_\_

Cage #: \_\_\_\_\_ DUNS # \_\_\_\_\_ NAICS # \_\_\_\_\_

Is your company minority owned SBA Certified 8(A) \_\_\_\_\_? HUB Zone \_\_\_\_\_

Women owned \_\_\_\_\_ Veteran Owned \_\_\_\_\_ Service Disabled Veteran Owned \_\_\_\_\_

Type of Trade or Work Performed: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Same location? \_\_\_\_\_

Has your company performed the following types of work (check all that apply):

Private \_\_\_\_\_ State Work \_\_\_\_\_ Federal Work \_\_\_\_\_ Municipal \_\_\_\_\_

Size of Company(Approximate gross sales last year): \_\_\_\_\_

Has your company ever gone bankrupt? \_\_\_\_\_ Or reorganized? \_\_\_\_\_ When? \_\_\_\_\_

Number of Employees: Women \_\_\_\_\_ Men \_\_\_\_\_ Minority \_\_\_\_\_

Is Payroll paid weekly \_\_\_\_\_ Bimonthly \_\_\_\_\_ Monthly \_\_\_\_\_

Do your employees belong to a Union? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, name of union \_\_\_\_\_

Is your payroll performed by a service? \_\_\_\_\_ Or in house? \_\_\_\_\_

Have you ever prepared and submitted, to contractors or owners, certified payrolls? \_\_\_\_\_

## Experience

Describe in detail work similar to that of the proposed project which this firm has successfully executed within the past five years. Include name and phone numbers of persons who can be contacted as references.

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List the categories of work that your organization normally performs with its own people.

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Are there any judgments, arbitration proceedings, claims or suits pending or outstanding against your organization or its officers? \_\_\_\_\_

Has your firm ever been removed from a project, banned from bidding on projects or failed to complete work under contract? ( If yes please provide full details on a separate sheet of paper ).

Has your organization filed any law suits or requested arbitration with regards to construction contracts within the past five years? \_\_\_\_\_

List Key personnel planned for this project. Please include names, expected positions and the last three projects they worked on.

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## Contractor Qualification

List your firm's Workman's Compensation Experience Modification Rate for the three most recent years.

**20** \_\_\_\_\_

**20** \_\_\_\_\_

**20** \_\_\_\_\_

Please use your last year's OSHA No. 200 Log to fill in: Number of injuries and illnesses:

a). Number of lost workday cases \_\_\_\_\_

b). Number of restricted workday cases \_\_\_\_\_

c). Number of cases with medical attention only \_\_\_\_\_

d). Number of fatalities \_\_\_\_\_

Do you have a written safety program? Yes \_\_\_\_\_ No \_\_\_\_\_  
Please attach a copy.

## References

Company Banks at: \_\_\_\_\_

List three suppliers with whom you have credit or do business with:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

List three Companies with whom you have done business in the past year:

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Contact: \_\_\_\_\_

Can your company provide bond? Yes \_\_\_ No \_\_\_\_\_

If yes, maximum bonding line: \$\_\_\_\_\_

Attach insurance certificate outlining coverage's.

The undersigned warrants that the information above and attached is accurate and true.

\_\_\_\_\_  
Name of Authorized Signatory (please type or print) \_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Authorized Signatory \_\_\_\_\_  
Date

Please send completed form to corporate office:

Lawman Heating and Cooling  
206 Ambrose Street  
PO Box 599  
Sackets Harbor, NY 13685

315-646-2919  
315-646-2920 fax