



NEW SUBCONTRACTOR APPLICATION

GENERAL INFORMATION

Company name: _____ Sole prop. Partnership Corporation Other: _____

Address: _____ Number of years in business: _____

Phone: _____ Trade or Services Provided: _____

Owner: _____

Estimator: _____ Email: _____

Project Manager: _____ Email: _____

A/R Contact: _____ Email: _____

PROJECTS REFERENCES

Project Name:	Client:	Value of Your Work:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you ever failed to complete a project?: Yes No If yes, please explain: _____

Have you ever been removed from a project prior to completion?: Yes No If yes, please explain: _____

Has the Owner(s) and/or principals of the company ever filed for bankruptcy or reorganization?: Yes No If yes, when: _____

Are there any lawsuits or legal actions pending against your company?: Yes No If yes, please explain: _____

Do you have General Liability Insurance Yes No Do you have Worker's Compensation Insurance Yes No

SUPPLIER REFERENCES (CURRENT MAJOR SUPPLIERS)

Company name _____	Company name _____
Address _____	Address _____
Contact _____	Contact _____
Phone/Fax _____	Phone/Fax _____
Company name _____	Company name _____
Address _____	Address _____
Contact _____	Contact _____
Phone/Fax _____	Phone/Fax _____

SIGNATURES

By submitting this application, you authorize Construction Services Group to make inquiries into the business/trade references that you have supplied.

Signature _____	Signature _____
Name and Title _____	Name and Title _____
Date _____	Date _____