



Subcontractor Information Form

Date: _____
Project Manager: _____
Job #: _____ Division: _____
Job Name: _____

*Please provide the following information in confidence.
We appreciate your continued support and look forward to working with you in the future.*

1. **Company name(s):** _____

2. **Physical address and zip code of principal office:** _____

3. **Mailing address and zip code of principal office:** _____

4. **Primary telephone number of principal office:**

5. **Primary e-mail address of principal office:**

6. **Business type:** *Corporation* () *Partnership* () *Individual* () *LLC* ()
 Subchapter S () *Other* ()

7. **Ownership (subsidiary of another company , percent ownership, details):**

8. **Type(s) of work (elec., mech., etc.):**

9. **Date of incorporation or organization:**

10. **State of incorporation or organization:**

11. **Federal ID Number or Social Security Number:**

12. **Names and positions of officers or principals:**

13. List trades, jurisdictions, and corresponding license numbers where you are legally authorized to do business:

14. Please attach your current Work in Progress/Backlog Report. The name of the project, owner, architect, contract amount, percent complete, and completion dates would be helpful.

15. Attach a list of any suits or arbitration proceedings filed by, or against, your organization or its officers or principals in the last three years. Include a brief explanation of each. Otherwise, check here indicating there have been no such filings in the past three years ().

16. Please attach your current list of trade and bank references.

17. Please provide a fiscal year end financial statement, including a balance sheet and income statement, for the most recent year available. This information is a very important part of our subcontractor evaluation process. We appreciate the confidential nature of this information and treat it accordingly. If you would like, feel free to send this under separate cover marked CONFIDENTIAL to:
bhalliday@mbkahn.com or to Risk Manager, M. B. Kahn; P.O. Box 1179, Columbia, SC 29202-1179

18. Please attach a bondability letter indicating your bonding capacity. Name and address of your bonding agent:

19. Name of your bonding company (actual surety):

20. What is your bonding rate(s):

21. What is your current NCCI Experience Rating Mod: _____

22. What is your annual OSHA TRIR/Incident Rate: _____

Date: _____

Name: _____
President or Principal Owner (print name)

Signature: _____
President or Principal Owner (sign name)