



TRIAD
Steel Services Inc.

2501 W. Behrend Drive, Ste. 21
Phoenix, AZ 85027
(602) 714-9770 Fax (623) 580-9151

**Subcontractor
Information
Sheet**

1. Business Name: _____ Phone: _____
Address: _____ Fax: _____
City: _____ State: _____ Zip Code: _____

Type of Business: _____ Type of Work: _____
(Corp, LLC, Etc.) (Fabricator, Erector, Detailer, Etc.)

Minority Owed: Yes or No (If yes, please list minority status): _____

Union: Yes or No Capacity / Size of Project: \$ _____
(Maximum / Not More Than) Tons _____
Manpower or Hrs/Week _____

Do you have the ability to electronically transfer drawings: Yes or No

2. Main Contact(s):
A. Name: _____ B. Name: _____
Title: _____ Title: _____
Cell Phone: _____ Cell Phone: _____
Email: _____ Email: _____

3. Organization / Experience: (Please attach an explanation to any questions answered "yes")
A. How many years have you been in business? _____
B. Has your business operated under any other names? Yes or No
C. Have you ever failed to complete any work awarded? Yes or No
D. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your business or its officers? Yes or No
E. Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years in which you have not prevailed? Yes or No
F. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? Yes or No

4. Licenses: (Please list all areas and trade categories which you are legally qualified to perform.)

5. References: (Please complete the following)

A. Trade References:

_____	_____	_____
_____	_____	_____
_____	_____	_____
Contact: _____	Contact: _____	Contact: _____
Phone: _____	Phone: _____	Phone: _____

B. Bank References:

Contact: _____

Phone: _____

C. Bonding References: (If applicable)

Contact: _____

Phone: _____

Capacity: _____

6. Insurance:

A. General Liability:

Through: _____

\$ _____ per occurrence/ \$ _____ aggregate

B. Excess Liability:

Through: _____

\$ _____ per occurrence/ \$ _____ aggregate

C. Workers Compensation:

Through: _____

\$ _____ / \$ _____

D. Experience Modification Factor:

2010: _____

2009: _____

7. Fabrication & Materials: (Please complete if applicable)

A. Type of work or fabrication that you are mostly interested in performing?

Please list: _____

B. How do you prefer fabricated materials to be handled?

Example: Would you prefer Triad to provide main member material, while you would include all detail, connection, and/or misc. metal materials.
