



16605 North 28<sup>th</sup> Ave. Ste. 102  
Phoenix, AZ 85053  
(602) 714-9770

## 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.

\_\_\_\_\_  
\_\_\_\_\_