

General Information

(Return by E-Mail, barbiel@tbpenick.com, or fax to 858-558-1881)

Date: _____

Company Name: _____

Address: _____
Street City State Zip

Phone: _____ Fax: _____

Parent Company: _____ Address: _____

Website: _____

President :	Name	Phone	E-mail address
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Contact:	Name	Phone	E-mail address
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List Current Licenses and include any Out of State: _____

Corporation Partnership Individual Joint Venture

Other: _____

Years in Business: _____ Average Annual Volume (3Yrs): _____

Federal ID No: _____ **Annual Sales:**

Dunn & Bradstreet # _____ 2009: _____

Dunn & Bradstreet Rating: _____ 2008: _____

2007: _____

Union Affiliations: _____ If yes, please list affiliations: _____

Are you a small, minority, veteran, or disadvantaged business? _____

If yes, what agencies are you certified through? _____

Counties and States that you are interested in working in: _____

List work regularly performed by own forces:

If yes to any of the questions listed below please attach details.

Has this firm ever defaulted on a contract (Y or N)? _____

Has this firm experienced reorganization within the past year (Y or N)? _____

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers (Y or N)?

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years (Y or N)?

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 (Y or N)?

Total number of employees: _____

Home Office: _____

Field Office: _____

Staff Breakdown:

Engineering: _____

Project Management: _____

Shop: _____

Construction Supervision: _____

Administration: _____

Field Engineers: _____

Fabrication Shop: _____

Laborers: _____

Other: _____

4) _____
 Name of project _____ Type of building _____

 City _____ State _____ Contract Amount \$ _____

 Contractor /Client Contact _____ Phone _____ E-mail _____

 Subcontractor Project Manager _____ Subcontractor Foreman _____

 Start Date _____ End Date _____

Comments: _____

Bonding and Banking Information

Bonding Company Name: _____

Address: _____
 Street City State Zip

Phone: _____ Fax: _____

Website: _____

President : _____
 Name Phone E-mail address

Contact: _____
 Name Phone E-mail address

Aggregate Bonding Capacity: \$ _____ Single project Bonding Capacity: \$ _____

Total Number of Projects Currently Bonded: _____ Total current Bonding: \$ _____

Bank Name: _____

Address: _____
 Street City State Zip

Phone: _____ Fax: _____

Website: _____

Account No.: _____

President : _____
Name Phone E-mail address

Contact: _____
Name Phone E-mail address

DATE SIGNATURE PRINT NAME