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**SUBCONTRACTOR APPLICATION FORM**

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Contact: \_\_\_\_\_

- Corporation
- Partnership
- Sole Proprietorship
- Other

2. Trade: \_\_\_\_\_  
\_\_\_\_\_

3. How many years has your organization been in business under the present name?  
\_\_\_\_\_

4. How many employees do you have?  
Management: \_\_\_\_\_  
Field: \_\_\_\_\_  
Shop: \_\_\_\_\_

5. How many work-related injuries and/or illnesses did your company have in the past year?  
(Please identify if any were fatalities.)  
\_\_\_\_\_  
\_\_\_\_\_

6. Have you ever been cited by OSHA? If yes, please describe:  
\_\_\_\_\_  
\_\_\_\_\_

7. Do you have a written Safety Program?  Yes  No

8. Who is your company Safety Officer? Should we ask for contact info??  
\_\_\_\_\_  
\_\_\_\_\_

9. How often does your company hold site safety meetings for field supervisors?  
\_\_\_\_\_  
\_\_\_\_\_

10. List the name of your bonding company and your bonding capacity.

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11. What are the amounts of your insurance coverages?

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12. How many insurance claims have you made in the current policy year?

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G/L       W/C

13. What is your annual sales volume for each of the past three years?

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14. What is the largest contract (\$ volume) that your company has performed in the last three years?

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15. Do you have a union affiliation?       Yes       No

List affiliation:

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16. Is your company:       WBE       MBE

17. List four (5) general contractor references and three (3) supplier references, including:

General Contractor:

Company Name:	Contact Person:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

Supplier:

Company Name:	Contact Person:	Phone Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

18. Has your organization been involved in a LEED project? If yes, please list the projects.

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19. Please check the types of projects that are typical for your company.

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Office / Corporate                                   | <input type="checkbox"/> Senior Living / Multifamily          | <input type="checkbox"/> Data / Call Center |
| <input type="checkbox"/> Retail   | <input type="checkbox"/> Residential                          | <input type="checkbox"/> Interior Condos    |
| <input type="checkbox"/> Renovations / Additions                              | <input type="checkbox"/> Hospitality / Hotels                 | <input type="checkbox"/> Automotive         |
| <input type="checkbox"/> Church / Religious                                   | <input type="checkbox"/> Medical / Hospital                   |   |
| <input type="checkbox"/> Recreational / Clubhouse / Sports Facilities         | <input type="checkbox"/> Biomedical / Clean Room / Laboratory |   |
| <input type="checkbox"/> Industrial / Manufacturing/ Distribution             |   |   |
| <input type="checkbox"/> Freezer / Cooler / Food Processing                   |   |   |
| <input type="checkbox"/> Institutional / Educational / Multipurpose Gathering |   |   |

20. What counties do you work in?

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21. Do you do work out of state?  Yes  No

If so, where?

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22. Does your firm provide design/build services?  Yes  No

23. List a sample of previously completed/current project that is typical for your company.

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24. What is the largest/smallest size project your company is comfortable in handling?

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25. List five (5) projects completed in a last year, including:

Contact Information:	Project Duration:	Cost of the project (pictures):
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

26. Have you done medical construction in the past:

Please describe number of projects completed:

Dental Offices/Labs \_\_\_\_\_

Physicians Offices \_\_\_\_\_

Laboratories \_\_\_\_\_

MOBs (Medical Office Building) \_\_\_\_\_

27. Are you willing to provide estimate within 24 hours on small scale projects?

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

Upon completion, please fax or email to:

Siegel Construction, Inc.

Fax (847) 725-0000

build@siegelconstruction.com