



Subcontractor – Vendor Application

Company: _____ Website: _____

Name: _____ Title: _____

Address: _____

Office: _____ Fax: _____

Cell: _____ E-mail: _____

Duns # _____ Tax ID #: _____

Years in Business: _____ Type: _____

Work Performed: _____

Smallest job completed? _____ Largest job completed? _____ Best range: _____

What geographic areas will you work? (list each county) _____

How many of the following do you employ: Labor _____ Foreman _____ Superintendents _____ Est/PM _____ Office _____ Total _____

License # _____ Union Affiliation: No Yes Local # _____ Union _____

Business Concern: (Check all that apply)

- Small Business
- Minority-Owned Business (MBE)
- Disadvantaged Business Enterprise (DBE)
- Small Disadvantaged Business (SBA Certified)
- Women-Owned Business (WBE)
- HUBZone (SBA Certified)
- Disabled Veteran-Owned Business (DVBE)
- 8 (a)

Minority-Owned Business?

Ethnicity: (optional)

Non-minority African American Asian American
Native American Hispanic American Service Disabled Other _____

Claims and Suits

(If the answer is yes to any of the questions below please attach details on a separate sheet of paper)

- Has your company ever failed to complete any work awarded to it? Yes No
- Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or its officers? Yes No
- Has your company filed any law suits or requested arbitration with regard to construction contracts within the last five years? Yes No

Bonding

Name of Surety _____ Agent and phone #: _____ What is your bonding capacity? _____

The following forms are required with this application:

- Copy of your current contractors license
- Worker's Comp – Mod rate – Report for previous 3 years
- Copy of your Company's Injury, Illness Prevention Program
- Certificate of Insurance per attached detail
- Proof of ethnicity (if applicable)
- Reference letter(s) (if available)
- Worker's Compensation Bureau – Report for previous 3 years
- Copy of your Company's safety policy
- Copy of your current insurance certificate that includes carrier's approval limits
- Copy of bonding certificate
- Copies of all certifications (if applicable)

I certify under penalty of perjury that all information contained herein is true and may be relied upon by Hollister Construction Company in order to approve status as a vendor or a subcontractor. I understand that submission of this application does not guaranty that our company will be invited to bid or perform work with Hollister Construction Company. If the vendor application is approved, Hollister Construction Company will provide a copy of the safety policy including the injury and illness prevention program.

Signed: _____ Title: _____

Company: _____ Date: _____