



SUBCONTRACTOR INFORMATION FORM

Date: _____

Company Information:

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

Email: _____ Website: _____

Contact Person: _____

Years in business: _____ Years in business under present name _____

Type of Worked Performed: _____

Total Number of Employees:

Office: _____

Field: _____

Do you qualify as an Approved minority business enterprise (MBE)? Yes No

Do you qualify as an Approved woman business enterprise (WBE)? Yes No

Do you qualify as an Approved disadvantage business enterprise (DBE)? Yes No

General Contractor References:

Contact 1 _____ Phone 1 _____

Contact 2 _____ Phone 2 _____

Contact 3 _____ Phone 3 _____

Recently Completed Projects:

Project Name: _____ General Contractor _____

Date Completed: _____ Contract Amount _____

Project Name: _____ General Contractor _____

Date Completed: _____ Contract Amount _____

Project Name: _____ General Contractor _____

Date Completed: _____ Contract Amount _____

List your company's yearly sales volume: \$ _____

Total value of work under contract but not yet completed: \$ _____

What are your standard limits of insurance coverage:

General Liability

Limit: _____ Insurance Co: _____ Phone: _____

Umbrella

Limit: _____ Insurance Co: _____ Phone: _____

Worker's Compensation

Limit: _____ Insurance Co: _____ Phone: _____

Are you bondable: Yes No

Do you have a written safety plan: Yes No

List your contractor's license numbers:

State: _____ Number: _____

State: _____ Number: _____

Signature: _____ Title: _____

Thank you for completing the form.
Please email, fax, or mail your completed document to the following:

Email: info@clayconstructiongroup.com
Fax: (504) 327-5763
Mail: Clay Construction Group, L.L.C.
P.O. Box 58048
New Orleans, LA 70158