

MORGAN CONSTRUCTION COMPANY, INC.
SUBCONTRACTOR/SUPPLIER INFORMATION

Project Name: _____
Sub/Supplier Name: _____ **Phone #:** (____) _____
Contact: _____ **Fax #:** (____) _____

1. How long have you been in business? _____
2. Type of Company:

<input type="checkbox"/> Corporation	<input type="checkbox"/> Proprietorship
<input type="checkbox"/> Partnership	<input type="checkbox"/> LLC
3. What is the average size job you normally do? \$ _____
4. What was the largest project that you have done? \$ _____
Name of Project: _____
5. What is your approximate current annual volume? _____
6. Approximate uncompleted dollar volume under contract: \$ _____
7. What type of jobs do you normally do?

<input type="checkbox"/> Retail	<input type="checkbox"/> Commercial
<input type="checkbox"/> Industrial	<input type="checkbox"/> Residential
8. Have you bonded work before?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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9. Can you bond this project?

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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If yes, name of surety _____
Note: See requirements for surety letter pg. 3
10. Have you ever filed for bankruptcy or receivership proceedings? ☐ Yes ☐ No
11. Do you have uncollected judgments against you? If yes, please explain:

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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12. Have you had any financial setbacks in the past year? ☐ Yes ☐ No
If yes, please explain:

13. Have any lawsuits been filed by or against you in the last three years? ☐ Yes ☐ No
If yes, please explain status:

14. Do you have a current financial statement? ☐ Yes ☐ No

REFERENCES OF: _____

PLEASE LIST BELOW THE LAST FIVE (5) PROJECTS COMPLETED BY YOUR FIRM:

1. Name of Project: _____ Date of Completion: _____
Approx. Amount of your contract: \$ _____ Bonded? _____
General Contractor's Name: _____
Representative: _____ Phone Number: _____

2. Name of Project: _____ Date of Completion: _____
Approx. Amount of your contract: \$ _____ Bonded? _____
General Contractor's Name: _____
Representative: _____ Phone Number: _____

3. Name of Project: _____ Date of Completion: _____
Approx. Amount of your contract: \$ _____ Bonded? _____
General Contractor's Name: _____
Representative: _____ Phone Number: _____

4. Name of Project: _____ Date of Completion: _____
Approx. Amount of your contract: \$ _____ Bonded? _____
General Contractor's Name: _____
Representative: _____ Phone Number: _____

5. Name of Project: _____ Date of Completion: _____
Approx. Amount of your contract: \$ _____ Bonded? _____
General Contractor's Name: _____
Representative: _____ Phone Number: _____

REFERENCES OF: _____

SUPPLIERS:

1. Name: _____ Account #: _____
Contact: _____ Phone: _____
Available Credit Line: \$ _____
2. Name: _____ Account #: _____
Contact: _____ Phone: _____
Available Credit Line: \$ _____

INSURANCE:

Agent's Name: _____
Contact: _____ Phone: _____

(PLEASE RETURN A CURRENT COPY OF YOUR CERTIFICATE of INSURANCE)

BONDING:

Surety's Name: _____

Agent's Name: _____
Contact: _____ Phone: _____

Bond Premium Rate: _____

Bonding Limits Total: _____ Aggregate: _____
Single Project Limit: _____

Note: Please provide a letter from your surety in lieu of bonding agent confirming your available bonding capacity per single project limit.

BANK:

Bank Name: _____

Contact: _____ Phone: _____

REFERENCES OF: _____

STATE LICENSE:

License Number: _____

License Limits: _____

(Please Attach a Copy)

SAFETY QUALIFICATIONS:

1. Does your company have a written Safety Management Program? ☐yes* ☐no
2. Does your company have a written Substance Abuse Policy? ☐yes* ☐no
3. Does your company have a written Fall Protection Plan? ☐yes* ☐no
4. Does your company have a Hazardous Communication Program? ☐yes* ☐no

*Contractor reserves the right to request future copies.

5. Name & Phone for your company's Safety Director? _____

6. Provide specifics for any employee safety training or employee safety certifications obtained.

7. Provide your current Experience Modification Rate (EMR) for your Worker's Compensation Insurance. Current Rate: _____, 2020: _____, 2019: _____, 2018: _____

8. Include a matrix of your firm's last three years work that includes incidents, amount of lost time for each and days away or restricted days. This matrix will include all labor under contract with your firm for each project.

Matrix	Total Recordable Cases	Loss work day cases	Restricted Work day cases	Total Recordable Incident Rate (TRIR)	Loss Time Rate Days-Away, Restricted, Transferred (DART)
2020					
2019					
2018					

Note:

- 1.) Number of Injuries & Illnesses x 200,000 / Employee Hours Worked = Incident Rate (TRIR)
- 2.) Total Number of DART Incidents x 200,000 / Employee Hours Worked = DART Rate