

SUBCONTRACTOR QUALIFICATION



Thank you for your interest in working with GORDIAN Design & Construction, Inc. In order to enter you as a vendor we need the following information from you. Please provide all of the requested information and return this form to us at your earliest convenience.

We look forward to working with you.

Company	_____	Phone:	_____
Mailing Address:	_____	Fax:	_____
Street or PO Box	_____	Website:	_____
City, State, Zip	_____		
		Primary Contact:	_____
Physical Address:		Title	_____
Street	_____	Cell Phone	_____
City, State, Zip	_____	Email	_____
Trade Work You Perform:		Estimating Contact:	_____
Trade 1:	_____	Title	_____
Trade 2:	_____	Cell Phone	_____
Trade 3:	_____	Email	_____
Trade 4:	_____		
Trade 5:	_____	Accounting Contact:	_____
		Title	_____
Regions You Work In:		Ext. or Direct Dial	_____
City 1:	_____	Email	_____
City 2:	_____		
City 3:	_____	Other Contact:	_____
City 4:	_____	Title	_____
City 5:	_____	Cell Phone	_____
		Email	_____

Please provide a brief description of your company and the type of work you do:



Form of Company _____
(Corporation, LLC, Sole Proprietor, Partnership)

Year Established: _____

EIN No. _____

Bonding Limit: _____

EMR Rating: _____

Largest Project \$: _____

Have you received any OSHA citations in the past 5 years? Y N If yes, provide details:

Have you filed a lien on a project in the past 5 years? Y N If yes, provide details:

Have you been involved in a lawsuit in the past 5 years? Y N If yes, provide details:

Insurance Provider: _____

Contact: _____

Phone: _____

Email: _____

Bonding Company: _____

Contact: _____

Phone: _____

Email: _____

Bank: _____

Contact: _____

Phone: _____

Email: _____

Trade Reference: _____

Contact: _____

Phone: _____

Email: _____

Trade Reference: _____

Contact: _____

Phone: _____

Email: _____

Trade Reference: _____

Contact: _____

Phone: _____

Email: _____

Submitted By: _____

Title: _____

Date Submitted: _____