

GENERAL INFORMATION

DNJ MECHANICAL
SUBCONTRACTOR FORM

Company Name: _____			Union Status: _____	
<small>Please state status as Union / Non-Union or Both</small>				
Address: _____				
City: _____	ST: _____	Zip Code: _____	Year Established: _____	
Phone: _____	Fax: _____	Web: _____		
Federal Tax ID #: _____		License #: _____		

Primary Contact: _____		
Phone: _____	Cell: _____	Email: _____

Estimating Contact: _____		
Phone: _____	Cell: _____	Email: _____

Field Contact: _____		
Phone: _____	Cell: _____	Email: _____

Accounting Contact: _____		
Phone: _____	Cell: _____	Email: _____

Please indicate the staffing levels for the following,	1. Executive: _____	4. Estimating: _____
	2. Field Personnel: _____	5. Project Managers: _____
	3. Administrative: _____	

If your business is minority certified, please circle the appropriate designation(s): **WBE** **MBE** **DBE** **VBE** **SBE**

If other, please specify: _____

CORE COMPETENCY

1. Main Construction Division:

- ☐ Demo
- ☐ Concrete / Masonry
- ☐ Structural Steel
- ☐ Architectural Woodwork
- ☐ Hollow Metal / Hardware
- ☐ Metal / Glass
- ☐ Drywall / Carpentry
- ☐ Ceramic Tile / Stone
- ☐ Carpet / VCT
- ☐ Paint / Wallcovering
- ☐ Accessories
- ☐ Equipment
- ☐ Window Treatments
- ☐ Sprinklers
- ☐ Plumbing
- ☐ HVAC
- ☐ Electrical
- ☐ Other
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2. Indicate the size of project you are most competitive / competent in performing:

- ☐ \$0,000 - \$10,000
- ☐ \$10,000 - \$20,000
- ☐ \$20,000 - \$30,000
- ☐ \$40,000 - \$50,000
- ☐ \$50,000 - \$75,000
- ☐ \$75,000 - \$100,000
- ☐ \$100,000 - \$200,000
- ☐ \$200,000 - \$500,000
- ☐ \$500,000 - \$1,000,000
- ☐ \$1,000,000 +

3. Check all the building types in which your company has worked:

- ☐ High-rise office
- ☐ Mid-rise office
- ☐ Hotels
- ☐ Hospitals
- ☐ Residential
- ☐ Sports/Entertainment
- ☐ Industrial Building
- ☐ Hi-Tech/Laboratories
- ☐ Correctional Facilities
- ☐ Design Build/Design Assist
- ☐ Retail Shopping Outlets
- ☐ Scholastic/Academic
- ☐ Class A Office Buildings
- ☐ Class B Office Buildings
- ☐ Class C Office Buildings

4. What percentage (%) of your company's work is normally subcontracted?: _____

5. Please list the trades you perform with your own forces: _____

PLEASE TAKE THE TIME TO LIST 3 SIGNIFICANT PROJECTS COMPLETED IN THE PAST 3 YEARS:

Project Name: _____

Project Address: _____

Project Manager: _____

Owner Name: _____

Owner Phone: _____

Scope of Work: _____

Project Size: _____

Original Contract Value: _____

Date Started: _____

Final Contract Value: _____

Date Completed: _____

Project Name: _____

Project Address: _____

Project Manager: _____

Owner Name: _____

Owner Phone: _____

Scope of Work: _____

Project Size: _____

Original Contract Value: _____

Date Started: _____

Final Contract Value: _____

Date Completed: _____

Project Name: _____

Project Address: _____

Project Manager: _____

Owner Name: _____

Owner Phone: _____

Scope of Work: _____

Project Size: _____

Original Contract Value: _____

Date Started: _____

Final Contract Value: _____

Date Completed: _____

PLEASE TAKE THE TIME TO LIST 3 GC/CM REFERENCES WHOM YOU HAVE COMPLETED PROJECTS FOR IN THE PAST 2 YEARS:

Company Name:	_____	Address:	_____
Primary Contact:	_____	Title:	_____
Phone:	_____	Fax:	_____

Company Name:	_____	Address:	_____
Primary Contact:	_____	Title:	_____
Phone:	_____	Fax:	_____

Company Name:	_____	Address:	_____
Primary Contact:	_____	Title:	_____
Phone:	_____	Fax:	_____

FINANCIAL/INSURANCE INFORMATION

Total dollar (\$) value of work completed during the last three years: _____

Largest contract value (\$) to date: _____

Banking Institution:	_____	Contact Person:	_____
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Insurance Company :	_____	Insurance Agent:	_____
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Bonding Surety:	_____	Bonding Capacity:	_____
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Limit Per Project:	_____
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SAFETY

Does you firm have any pending judgements, claims or suits? _____

Has your firm been cited by OSHA in the last five years? _____