



SUBCONTRACTOR INFORMATION SHEET

Please print and complete this form in its entirety and submit either by fax, mail or email.

Attention: Tim Davenport

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Mail: 7 Ketchum Court, Angleton, TX 77515

CHECK ALL THAT APPLY: SUBCONTRACTOR – FURNISH & INSTALL

SUBCONTRACTOR – INSTALL ONLY SUPPLIER – MATERIALS ONLY

COMPANY INFORMATION

COMPANY NAME: _____ PHONE: _____

ADDRESS: _____ FAX: _____

CITY: _____ STATE _____ ZIP CODE: _____

COMPANY WEB SITE: _____

CONTACT EMAIL: _____

FEDERAL TAX ID#: _____ OR SOCIAL SECURITY #: _____

TYPE OF COMPANY: CORPORATION SOLE PROPRIETORSHIP PARTNERSHIP OTHER

DATE OF ESTABLISHMENT: _____ #OF EMPLOYEES: _____

PRINCIPAL OWNERS/OFFICERS

NAME _____ TITLE _____ PHONE _____

NAME _____ TITLE _____ PHONE _____

MINORITY BUSINESS ENTERPRISE STATUS: MBE WBE DBE SBE (attach certification forms)

Has your firm ever filed bankruptcy? YES NO Are there any judgments against your firm? YES NO

Are there any claims against your firm? YES NO Has your firm ever failed to complete a contract? YES NO

Has your firm been cited for any safety violations in the past 3 years? YES NO

If you answered YES to any of the questions above, please explain: _____

Does your firm have random drug testing? YES NO Does your firm have a written safety policy? YES NO
Does your firm perform background checks on new hires? YES NO

BANK REFERENCE

BANK: _____ CONTACT: _____
ADDRESS: _____ PHONE: _____
BANK: _____ CONTACT: _____
ADDRESS: _____ PHONE: _____

INSURANCE: HAVE YOUR INSURANCE CARRIER FAX, MAIL OR EMAIL YOUR CERTIFICATE TO US

CARRIER: _____ CONTACT: _____
PHONE: _____ FAX: _____
CURRENT WC EXPERIENCE MODIFIER RATE (Your insurance agent can give you your EMR#) _____

LIST THE TRADES YOU NORMALLY PERFORM WITH YOUR OWN FORCES: _____

PROJECT INFORMATION – List information on your 3 largest projects completed in the last year.

1. NAME & DESCRIPTION: _____
LOCATION _____ SUBCONTRACT AMOUNT: _____
GEN. CONTRACTOR _____ CONTACT NAME _____ PHONE _____

2. NAME & DESCRIPTION: _____
LOCATION _____ SUBCONTRACT AMOUNT: _____
GEN. CONTRACTOR _____ CONTACT NAME _____ PHONE _____

3. NAME & DESCRIPTION: _____
LOCATION _____ SUBCONTRACT AMOUNT: _____
GEN. CONTRACTOR _____ CONTACT NAME _____ PHONE _____

SUPPLIER/GENERAL CONTRACTOR REFERENCES

SUPPLIER _____ CONTACT _____ PHONE _____
SUPPLIER _____ CONTACT _____ PHONE _____
GEN. CONTRACTOR _____ CONTACT NAME _____ PHONE _____

THE INFORMATION ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

COMPLETED BY (print name): _____ DATE _____

SIGNATURE _____