



SUBCONTRACTOR FORM

Thank you for your interest in becoming a subcontractor of Ingenium Construction. We are always looking for quality-oriented and professionally-managed subcontractors.

Please complete this brief qualification package. Do not leave any answers blank. If the question does not apply to you, please mark your answer N/A. Submit the completed form along with the requested attachments to info@ingeniumcc.com.

Submitting this form and required documents **DOES NOT** automatically make you a qualified subcontractor for Ingenium Construction. Ingenium Construction reserves the right to disapprove any submission for any reason and at any time.

BASIC INFORMATION

Name of Organization _____

Address _____

Phone _____ Fax _____

Website _____

Main Contacts _____

President Information

Name _____

Cell _____

Email _____

Vice President Information

Name _____

Cell _____

Email _____

Other Information

Name _____

Title _____

Cell _____

Email _____

ORGANIZATION INFORMATION

Type of Organization _____

Year Business Started _____

Number of full-time employees _____

Of that, total employees in the office _____

Of that, employees total in the shop _____

Of that, employees total in the field _____

Submit a copy of State Contractor's License _____

Qualifying Agent's Name _____

Qualifying Agent's Address _____

Qualifying Agent's Phone _____

Submit a copy of any City Licenses (not required if State Licensed) _____

Name of Bonding Company _____

Bonding Capacity _____

Submit Proof of Insurance (certificates) with the following types of limits:

- A. Workman's Compensation:
 - a. Statutory
- B. General Liability:
 - a. \$1,000,000.00 per occurrence
 - b. \$1,000,000.00 Personal & Advertising Injury
 - c. \$2,000,000.00 Complete Operations Aggregate
 - d. \$2,000,000.00 General Aggregate
 - e. \$ 50,000.00 Fire Damage
 - f. \$ 5,000.00 Medical Payments
- C. Vehicles:
 - a. \$1,000,000.00 Combined – Single Limit
 - b. \$1,000,000.00 Hired & Non-Owned Liability

Submit a completed W9

Submit an original executed "Project Safety Plan (Condensed Version)

Submit Experience Modification Rate (EMR)

Submit OSHA 300 Log

WORK EXPERIENCE

All Work Classifications you would like to bid and you are properly licensed to perform:

Preferred CSI classifications (if any):

Cities/States you will work in:

Preferred job size range (average bid size in dollars)

REFERENCES

List three contractor references.

Business Name

Address

Contact Name

Contact Phone

Contact Email

Description of work

Bid amount(s) and date(s)

Bid amount(s) and date(s)

Bid amount(s) and date(s)

Bid amount(s) and date(s)

Business Name
Address
Contact Name
Contact Phone
Description of work

Contact Email

Bid amount(s) and date(s)
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Bid amount(s) and date(s)
Bid amount(s) and date(s)

Business Name
Address
Contact Name
Contact Phone
Description of work

Contact Email

Bid amount(s) and date(s)
Bid amount(s) and date(s)

Bid amount(s) and date(s)
Bid amount(s) and date(s)

Banking Reference:
Name of Institution
Address
Contact Name
Contact Phone
Type of Relationship (check all that apply)

Contact Email
Business checking
Line of credits

Loans

SEND THIS COMPLETED FORM ALONG WITH THE FOLLOWING ATTACHMENTS TO INFO@INGENIUMCC.COM.

- Copy of State Contractor's License
- Copies of any City Licenses (Not required if State licensed)
- Proof of Insurance (Certificates) with the following types and limits:
 - Workman's Compensation:
 - Statutory
 - General Liability:
 - \$1,000,000.00 per occurrence
 - \$1,000,000.00 Personal & Advertising Injury
 - \$2,000,000.00 Complete Operations Aggregate
 - \$2,000,000.00 General Aggregate
 - \$ 50,000.00 Fire Damage
 - \$ 5,000.00 Medical Payments
 - Vehicles:
 - \$1,000,000.00 Combined – Single Limit
 - \$1,000,000.00 Hired & Non-Owned Liability
- Completed **W-9**
- An original executed "**Project Safety Plan (Condensed Version)**"
- Experience Modification Rate (EMR)
- OSHA 300 Log

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