



100 South Church Road  
Wernersville, PA 19565  
610-678-3033  
Fax 610-678-0885

# SUBCONTRACTOR INFORMATION

DIRECTIONS: Please Print; complete this Form in Ink.

Today's Date: \_\_\_\_\_, 20\_\_

## COMPANY DATA

Business Name: \_\_\_\_\_

Founded: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street and number City State Zip

Cell: \_\_\_\_\_ / \_\_\_\_\_ Office: \_\_\_\_\_ / \_\_\_\_\_ Home: \_\_\_\_\_ / \_\_\_\_\_  
Area Code Number Area Code Number Area Code Number

EIN No.: \_\_\_\_\_ - \_\_\_\_\_ or Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Services/Trades Provided: \_\_\_\_\_

\_\_\_\_\_

Equipment/Trucks/Tools Available: \_\_\_\_\_

\_\_\_\_\_

Hourly Rates: with truck & tools \_\_\_\_\_, without truck \_\_\_\_\_, Premium rate (off hours, weekends, etc.) \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Current Workers Comp. MOD Rate: \_\_\_\_\_

How much notice do you need to be available for work? \_\_\_\_\_

Do you have any limitations regarding hours that you can work? \_\_\_\_\_ Yes \_\_\_\_\_ No

If Yes, explain \_\_\_\_\_

What is your work radius from your office? \_\_\_\_\_

### Current Insurance Limits:

General Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_

Workers Compensation & Employee Liability: \_\_\_\_\_

Umbrella Liability: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

## QUALIFICATIONS

Any Licenses: \_\_\_\_\_

\_\_\_\_\_

Training/Certifications: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS HISTORY**

**PAST GENERAL CONTRACTORS WORKED FOR:**

1. Company Name: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Work Performed: \_\_\_\_\_

2. Company Name: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Work Performed: \_\_\_\_\_

3. Company Name: \_\_\_\_\_ Hourly Rate: \_\_\_\_\_

Work Performed: \_\_\_\_\_

Have you been convicted of a Felony?  Yes  No

If "Yes", provide details, including date, location (city), nature of offense(s) and disposition:

\_\_\_\_\_

\_\_\_\_\_

Have you ever filed for Bankruptcy?  Yes  No

Do you have a drug testing program?  Yes  No  
 Post Accident:  Yes  No  
 New Hire:  Yes  No  
 Random:  Yes  No

**BUSINESS REFERENCES**

Material Supplier: \_\_\_\_\_ Phone: \_\_\_\_\_

Bank: \_\_\_\_\_ Phone: \_\_\_\_\_

Rental Company: \_\_\_\_\_ Phone: \_\_\_\_\_

**SIGNATURE**

**I certify that the statements and information furnished by me, in this information request, are true and correct.**

**I agree and hereby authorize Bertolet Construction to conduct a background inquiry to verify the information on this information request and any other documentation that I have provided and to seek information from the above listed General Contractors and references as to my work habits, performance, and experience. I authorize all above mentioned General Contractors and references to release such information to Bertolet Construction. I hereby release those companies and persons and Bertolet Construction from all claims or liabilities whatever that may arise by such disclosures or such investigation.**

**If a subcontract relationship is established, I agree to wear or use all protective clothing or personal protective equipment as may be required by Bertolet Construction and to comply with all safety policies and procedures.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature