

The following packet is required of any subcontractor or vendor intending to bid or perform work with Rolin Construction, Inc., in order that potential subcontractors or vendors are informed of our standards, as well as compile contact information, company construction division(s), insurances, etc. required by the state, insurance companies, and/or Rolin. It is essential to return the completed packet ASAP. **This document should not be construed to constitute a commitment or a request to perform any work.**

Company Information

Company's Legal Name: _____

Mailing Address: _____

Physical Address: _____

Office: _____ Website: _____

Fax: _____ Main Email: _____

Principals of Company (Name/Title): _____

Estimator/Cell/Email: _____

Estimator/Cell/Email: _____

Structure of Company

Corporation Sole Proprietor LLC Partnership General or Limited Joint Venture

Date of Establishment: ___/___/___ State Where Established: _____ FEIN #: _____

**Attach a signed W-9*

Company Profile

Subcontractor (Furnish & Install) Subcontractor (Install Only) Supplier (Materials Only)

CSI Code(s): _____

Briefly Describe Work/Trade Provided: _____

Preferred Project Size: (Check all that apply) **Attach applicable General Contractors License*

\$50,000 or below \$250,000 or below \$500,000 or below \$1M or below \$1M or more

Types of Projects: (Check all that apply)

Government Healthcare Schools Retail Hospitality Office

Other: _____ Other: _____

Do you subcontract any portion of work? Yes No

List of geographic area authorized to do work: **Attach copy of each license* _____

Prefer to Work: Radius _____ miles of Zip Code _____.

DBE Status: ***Attach Certification** _____

Financial Information

Does the company have bonding capabilities? Yes No Date of last bonded project: _____

Single Project Limit: \$ _____ Aggregate Limit: \$ _____

Bonding Company/Address: _____

Contact/Email: _____

Amount of work under contract: \$ _____ Amount not yet completed: \$ _____

Volume of work completed in the last three years: 20__ : \$ _____, 20__ : \$ _____, 20__ : \$ _____

Insurance Information

Broker: _____ Contact: _____

Phone: _____ Email: _____

Prior to execution of a Subcontract Agreement and commencement of any work, you shall provide certificates of insurance (COI's) as proof of coverage for all insurance listed below and are responsible for assuring all sub subcontractors hired to work on a Rolin project are properly licensed and carry these same limits of insurance.
***Attach a sample of your company's COI**

Legal

Has your company ever failed to complete a contract, been defaulted on, had a contract terminated, or failed to meet warranty obligations? Yes (**Attach explanation**) No

Has your company or its principals ever filed bankruptcy? Yes (**Attach explanation**) No

Has your company or its principals ever been indicted or convicted of a felony or other criminal misconduct?
 Yes (**Attach explanation**) No

Has your company or its principals ever been invoiced in arbitration or litigation relating to a construction project?
 Yes (**Attach explanation**) No

Have any liens ever been filed against you by your subcontractors or suppliers? Yes (**Attach explanation**) No

Additional Comments

Please include any other comments about your company: _____

Trade References (List three trade/vendor references you have worked with in the last three years)

1) Company: _____ Address: _____

Contact: _____ Email: _____ Phone: _____

2) Company: _____ Address: _____

Contact: _____ Email: _____ Phone: _____

3) Company: _____ Address: _____

Contact: _____ Email: _____ Phone: _____

General Contractor References (List at least three G.C.'s you have worked for in the last two years)

Company: _____ Contact/Phone: _____

Project/Location: _____

Architect/Engineer: _____

Scope of Work: _____

Client/Owner: _____ Contract Amount: _____ Completion Date: _____

Company: _____ Contact/Phone: _____

Project/Location: _____

Architect/Engineer: _____

Scope of Work: _____

Client/Owner: _____ Contract Amount: _____ Completion Date: _____

Company: _____ Contact/Phone: _____

Project/Location: _____

Architect/Engineer: _____

Scope of Work: _____

Client/Owner: _____ Contract Amount: _____ Completion Date: _____

The undersigned, on behalf of the Subcontractor, certifies that the information provided herein, including any attachment(s), is true and sufficiently complete so as not to be misleading.

Name/Title: _____ **Signature:** _____ **Date:** _____

***Please return completed pre-qualification form to Amber Boatwright - amber@rolinbuilds.com or fax to (251) 368-0073.**