

Please fill out the attached and send to: **PO Box 214; Portland, TX 78374**

Date: _____

Company Name: _____

Contractor License (If Applicable) #: _____ **(Please attach a photo copy)**

Headquarters Address: _____

Street Address P.O. Box

City State Zip Code Telephone No.

Contact Name Mobile No. Fax No.

1. Year Company was established: _____

Number of years under present Ownership _____

Number of Employees _____

2. Bank References: _____

Name

Street Address P.O. Box

City State Zip Code

Contact Name Telephone No.

Current Net Worth: _____

3. Surety Capacity: _____

Name

Contact Name Telephone No.

Bonding Capacity: _____

Single Job Aggregate Credit

4. Insurance **(Please attach a photo copy of each)**

Program Coverage Limits and Type Coverage

Workmans Compensation _____

Bodily Injury & Property Damage _____

Excess/Umbrella Liability _____

Professional Errors & Omissions (if applicable) _____

Experience Modifier for Worker's Compensation _____

5. Annual Dollar Volume for the past three (3) years:

\$ _____ 2011 \$ _____ 2012 \$ _____ 2013

6. Largest jobs in the past three (3) years:

2011

Name of Project: _____

General Contractor: _____ (Phone #): _____

Project Mgr./Superintendent _____
2012

Name of Project: _____

General Contractor: _____ (Phone #): _____

Project Mgr./Superintendent _____
2013

Name of Project: _____

General Contractor: _____ (Phone #): _____

Project Mgr./Superintendent _____

7. Desire project size: Maximum \$ _____ Minimum \$ _____

Geographic Preference: _____

8. Field Labor used: Union _____ Non-Union _____

9. List type of work or trade performed in CSI Divisions

Division _____ Division _____ Division _____

10. Do you have currently a Quality Management System (ei: Ford Q-1, ISO) Yes _____ No _____

11. If yes, attach certification Attachment Yes _____ No _____

12. Current written and operating Safety Program? Yes _____ No _____

13. References – Three (3)

NAME	CONTACT	TELEPHONE
Owners / General Contractors:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Architects:		
_____	_____	_____
_____	_____	_____
_____	_____	_____
Suppliers:		
_____	_____	_____
_____	_____	_____
_____	_____	_____

14. Minority Owned Business: Yes _____ No _____

15. Women Owned Business: Yes _____ No _____

16. If yes, attach certifications (list if applicable) _____

Name (printed) _____

Signature

Title _____

Date