

SUBCONTRACTOR/VENDOR PROFILE

CONFIDENTIAL

Date: _____

A) Company Name: _____
Contact Name for Bidding: _____
Address: _____
City, State, ZIP Code _____
Phone No.: _____ Fax No.: _____
E-Mail Address: _____
Company Web Site Address: _____
GradeBeam Member Yes No
Contractor License Number _____

B) Type of Business (please check the appropriate box, or both if applicable):

- Vendor (supplier of material)
- Subcontractor

C) Type of Work (Required):

Please list the specific UCI codes for the types of work that your organization self-performs, listing as many codes as apply.

State five-year average annual sales of work performed:

\$ _____

What is your company's backlog amount? (current dollar amount contracted but not completed)

\$

Union Merit shop

If union, list unions signatory to:

D) Business Organization:

Name of owner: _____

In what year was your organization founded? _____

In what year was your organization founded under its present business name? _____

Under what other or former names has your organization operated?

FEIN#:

Entity	Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>
Structure:	Sole Proprietorship	<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>

E) Financial Information: **Please provide a copy of your company's "Contractor Score" certificate (www.contractorscore.net). An update of your score is required semi-annually.**

Is your company bondable? Yes No

Name of Bonding Agent Company: _____

Bonding Company Contact Name: _____

Bonding Company Contact Phone Number: _____

Bonding Rate (percentage): _____ %

Bonding Capacity, Single Project Amount: _____

Bonding Capacity, Aggregate Amount: _____

(Attach letter from your bonding agent verifying bonding capacity and bond rate.)

Bank Reference (name & phone no.): _____

Trade Reference (name & phone no.): _____

F) Safety/Insurance:

Does your company have a formal safety program? Yes No

List EMR (Experience Modification Rate) for the past three years (required):

Year	EMR	Year	EMR	Year	EMR
20 _____	: _____	20 _____	: _____	20 _____	: _____

List OSHA Incident Rate for the past three years (Required):

Year	OSHA IR	Year	OSHA IR	Year	OSHA IR
20 _____	: _____	20 _____	: _____	20 _____	: _____

State the **amount** of insurance coverage carried by your firm:

General Liability: \$ _____

Umbrella: \$ _____

Automotive: \$ _____

G) List Minority Designations, if any (**please attach a copy of certificate**):

Designation	Agency Issuing Certificate	Expiration Date
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

H) Project References (5):

Project Name	General Contractor/ Contact	Phone #	Contract Value
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I) Market Segments:

Please approximate the **percentage** of work your company does in each market segment.

Retail – Tenant Interior Build-out	_____ %	Airports	_____ %
Retail – Ground-up Construction	_____ %	Light Industrial (Warehouse)	_____ %
Hotels – Renovation	_____ %	Industrial (Auto Plants)	_____ %
Hotels – Ground-up Construction	_____ %	Industrial (Power Plants)	_____ %
Healthcare	_____ %	Heavy Industrial (Cement Plants)	_____ %
Office Buildings	_____ %	Heavy Industrial (Steel Mills)	_____ %
Education	_____ %	Heavy Industrial (Refinery)	_____ %

J) Please approximate the **percentage** of work performed for Public and Private owners:

Public: _____% (government) Private: _____% (private companies, **not** residential)

K) Does your company perform work under a Design/Build delivery system?

Yes No

L) Please list any Trade Organizations of which your company is a member.

M) Geographic Areas (required):

Please list all states and metropolitan areas in which your company works (for example: Iowa, Florida, Metro Chicago, Metro Atlanta, etc.):

Does your company typically travel throughout the U.S. pursuing certain project types such as national hotel chains, national retailers, franchise restaurants, etc.?

Traveler:

Yes

No

N) Licensing:

Has the company ever been in violation of state or local licensing requirements?

Yes

No

If yes, please specify:

Please return completed form to:

**Graycor Construction Company
Two Mid America Plaza, Suite 400
Oakbrook Terrace, IL 60181**

Attention: Mary Piccolo
Fax to 1-866-841-9624
Or e-mail to gcc_estimating@graycor.com