

**INSTRUCTIONS**

Please complete this form in its entirety and send by using the submit button at the end.

**Need help?**

Kenneth Slezak

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**COMPANY INFORMATION**

Company Name:

Address:

City:

State:

ZIP:

Company Website:

Company Fax:

**CONTACT INFORMATION**

First Name:

Date Founded:

# of Employees:

Type of Company

Last Name:

Corporation

Sole Proprietorship

Partnership

Other

Contact Email:

**Select one and enter number**

Fed ID No. | or | SSN

Contact Phone:

Has your firm ever filed for bankruptcy? Yes No

Are there any claims against your firm? Yes No

Are there any judgements against your firm? Yes No

Has your firm ever failed to complete a contract? Yes No

Has your firm been cited for any safety violations in the past 3 years? Yes No

If you answer **Yes** to any of the questions above, please explain:

**CAPABILITIES**

(Select all that apply)

Subcontractor – Furnish & Install

Subcontractor – Install Only

Supplier – Materials Only

**MINORITY BUSINESS ENTERPRISE STATUS**

MBE WBE

DBE SBE (include certification form)

Does your firm have random drug testing? Yes No

Does your firm have a written safety policy? Yes No

Does your firm perform background checks on new hires? Yes No

**BANK REFERENCES**

Bank 1 Name:

Bank 1 Phone:

Bank 2 Name:

Bank 2 Phone:

Bank 3 Name:

Bank 3 Phone:

**ADDITIONAL DETAILS**

List trades you normally perform with your own forces:

Does your firm have a bilingual (SP & EN) foreman?	Yes	No
Does your firm carry MBCI roof certification?	Yes	No
Does your firm carry McElroy roof certification?	Yes	No
Does your firm carry Kingspan certification?	Yes	No

If you have other Certified Installer certifications not listed above, please list them below?

**Send certifications if you answer Yes to any of the questions above.**

**INSURANCE**

Carrier:

Agent Name:

Phone:

Email:

Current WC Experience Modifier Rate:  
(Your agent can give you the **EMR\***)

**SUPPLIER & GENERAL CONTRACTOR REFERENCES**

Supplier:

Contact First and Last Name:

Phone:

General Contractor:

Contact First and Last Name:

Phone:

Supplier:

Contact First and Last Name:

Phone:

General Contractor:

Contact First and Last Name:

Phone:

**PROJECT INFORMATION** (List info on the 3 largest projects completed in the last year)

1. Name & Description:

2. Name & Description:

3. Name & Description:

Location:

Location:

Location:

Subcontract Amount & SqFt:

Subcontract Amount & SqFt:

Subcontract Amount & SqFt:

General Contractor:

General Contractor:

General Contractor:

Contact First and Last Name:

Contact First and Last Name:

Contact First and Last Name:

Phone:

Phone:

Phone:

**THE INFORMATION PROVIDED IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.**

First and Last Name:

Signature:

Date: