



# Subcontractor – Vendor Application

Company: \_\_\_\_\_ Website: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

Office: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_ E-mail: \_\_\_\_\_

Duns # \_\_\_\_\_ Tax ID #: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Type: \_\_\_\_\_

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

Smallest job completed? \_\_\_\_\_ Largest job completed? \_\_\_\_\_ Best range: \_\_\_\_\_

What geographic areas will you work? (list each county) \_\_\_\_\_

How many of the following do you employ: Labor \_\_\_\_\_ Foreman \_\_\_\_\_ Superintendents \_\_\_\_\_ Est/PM \_\_\_\_\_ Office \_\_\_\_\_ Total \_\_\_\_\_

License # \_\_\_\_\_ Union Affiliation:  No  Yes Local # \_\_\_\_\_ Union \_\_\_\_\_

**Business Concern: (Check all that apply)**

- Small Business
- Minority-Owned Business (MBE)
- Disadvantaged Business Enterprise (DBE)
- Small Disadvantaged Business (SBA Certified)
- Women-Owned Business (WBE)
- HUBZone (SBA Certified)
- Disabled Veteran-Owned Business (DVBE)
- 8 (a)

Minority-Owned Business?

Ethnicity: (optional)

Non-minority African American Asian American  
Native American Hispanic American Service Disabled Other \_\_\_\_\_

**Claims and Suits**

(If the answer is yes to any of the questions below please attach details on a separate sheet of paper)

- Has your company ever failed to complete any work awarded to it?  Yes  No
- Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your company or its officers?  Yes  No
- Has your company filed any law suits or requested arbitration with regard to construction contracts within the last five years?  Yes  No

**Bonding**

Name of Surety \_\_\_\_\_ Agent and phone #: \_\_\_\_\_ What is your bonding capacity? \_\_\_\_\_

**The following forms are required with this application:**

- Copy of your current contractors license
- Worker's Comp – Mod rate – Report for previous 3 years
- Copy of your Company's Injury, Illness Prevention Program
- Certificate of Insurance per attached detail
- Proof of ethnicity (if applicable)
- Reference letter(s) (if available)
- Worker's Compensation Bureau – Report for previous 3 years
- Copy of your Company's safety policy
- Copy of your current insurance certificate that includes carrier's approval limits
- Copy of bonding certificate
- Copies of all certifications (if applicable)

I certify under penalty of perjury that all information contained herein is true and may be relied upon by Hollister Construction Company in order to approve status as a vendor or a subcontractor. I understand that submission of this application does not guaranty that our company will be invited to bid or perform work with Hollister Construction Company. If the vendor application is approved, Hollister Construction Company will provide a copy of the safety policy including the injury and illness prevention program.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Date: \_\_\_\_\_