

Please complete this form in its entirety and email to: [info@conlancompany.com](mailto:info@conlancompany.com)

**COMPANY INFORMATION**

Company Name:			
Street Address:			
City/State/Zip:			
Website:			
Business Type:	<input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Sole Proprietor		
Primary Trade(s):			
Contact Name & Phone #:			
Years in Business:		Employer Id#:	
Dun & Bradstreet#:		Sales Tax Id#:	
Geographic area(s) of operation:			
% of work performed by own forces:			
Total Permanent Staff (Salaried):		Average Field Forces (Hourly):	

**FINANCIAL and BONDING INFORMATION**

Does your company prepare audited financial statements?	<input type="checkbox"/> Yes* <input type="checkbox"/> No *If Yes, please provide last 2 fiscal yearend financial statements to include CPA opinion letter, balance sheet, income statement, cash flow statement, and foot notes to the financial statement		
Annual Revenue for past three (3) Years:	Year	Amount	
Minimum Bidding Range:	\$	Maximum Bidding Range:	\$
Total Bonding Capacity:	\$	Bond Rate (%):	
Value of Work Presently Bonded	\$	Work under Contract:	\$

BONDING COMPANY NAME	AGENT NAME		AGENT PHONE#		
BANK NAME	CONTACT NAME		CONTACT PHONE#		
Has your company ever failed to complete a contract:	<input type="checkbox"/> Yes <input type="checkbox"/> No		Has your Company ever filed bankruptcy?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes to either question, please provide an explanation:					

**SAFETY**

Safety EMR rating for past three (3) years	YEAR:			
	RATING:			



**OSHA 300A Log:** Enter last three (3) calendar years and current year. Provide a copy of each OSHA 300 & 300A log.

Year	DART Rate	TRIR Rate	No. of Employees	Total Hours Worked	(J) Other Recordable Cases	(I) Job Transfers/Restrictions	(H) Lost Time	(G) Fatalities

**FATALITIES:** Provide a separate document that contains an explanation of any fatalities that occurred. Indicate the contributing factors and preventative measures implemented in response to the event.

**OSHA Citations:** Provide a separate document that contains all OSHA Citations issued (proposed, under contest/appeal, and final/closed) in the past 5 years. Explain why the citation was issued and what corrective actions have been implemented to minimize the potential for reoccurrence.

**DIVERSITY CERTIFICATIONS**

Indicate any Diversity Certifications your organization has:

Certification	Yes / No		Certifying Organization	Expiration Date
Women Business Enterprise (WBE or WOSB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Minority Business Enterprise (MBE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Disability Owned Business (DOBE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Small Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
HUBZone Small Business	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
LBGTQ Owned Business Enterprise	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Service-Disabled Veteran Owned Business (SDVOB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Veteran Business Enterprise (VBE or VOB)	<input type="checkbox"/> Yes	<input type="checkbox"/> No		

**PROJECT EXPERIENCE**

List major construction projects your company currently has in progress, or completed within the past five (5) years.

Project Name/Location	General Contractor	GC Contact & Phone	Contract Amount	% Complete
			\$	
			\$	
			\$	
			\$	
			\$	

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

