

DISASTER RELIEF PROJECT

Subcontractor Application & Information Sheet

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CORPORATE INFORMATION

Company Name: _____

Office Address: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Type of Business: Sole Proprietorship Partnership
 Corporation Sub Chapter S L.L.C.
 Personal Service Corp. Other: _____

Federal I. D. Number: _____ State Incorporated: _____

Number of Years in Business: _____ Annual Payroll: _____

Business Specializes in: Roofing Construction Other: _____

Web Site: _____ E-Mail Address: _____

Do you have involvement in any SBA or Federal Program or Certification? If so please explain in detail.

Do you have the capability to do Certified Payroll? Yes No

Does your company have: Drug Policy Weapons Policy
 Safety Program Please submit these policies and programs with this application.

Do you agree to follow U.S. Army Corps of Engineer's safety guidelines per EM 385-1-1? Yes No

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BANKING INFORMATION

Bank Name: _____ Telephone: _____

Address: _____ Fax Number: _____

Bank Officer: _____ Number of years w/Bank: _____

PAYMENTS

Name of your Accounts Receivable Manager: _____

Contact Number: _____ Fax: _____

Please name anyone else authorized to discuss your invoices:

Name: _____ Contact Number: _____

What are your payment terms?

Net 7 days Net 14 Days Net 30 Days Other: _____

INSURANCE/BONDING

Insurance Agent's Name: _____ Telephone: _____

Please provide your limits on the following: General Liability: _____

Workers Comp.: _____ Auto: _____ Umbrella: _____

Please state your current Workers Comp. EMR: _____

Bonding Agent's Name and Telephone numbers.

Name: _____ Telephone: _____

Fax: _____ E-Mail: _____

Bonding Limits: Single Job: _____ Aggregate: _____

Has your company ever been refused a bond? Yes No

If Yes, why was the bond refused: _____

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DEPLOYMENT INFORMATION

If your company has disaster (Event) experience, briefly explain below:

<u>Year</u>	<u>Event</u>	<u>Duties</u>	<u>Total Billing</u>

How many employees would be available for immediate deployment on: (Add to Previous Day)

Day # 1 Notice: _____

Day # 2 Notice: _____

Day # 3 Notice: _____

Day # 4 Notice: _____

Day # 5 Notice: _____

Total, Days 1-5: _____

Explain your work week: Starts on: _____ Ends on: _____

What Day of the week would you pay your employees: _____

What Time of day would you pay your employees: _____

How much reserve capital do you have for disaster workers payroll? \$ _____

How long could your company be able to carry the disaster workers' payroll before getting paid for your services?

1 Week 2 Weeks 3 Weeks 4 Weeks

How many Crews and Crew Trucks can your company provide for deployment?

Crews: _____

Crew Trucks: _____

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DEPLOYMENT INFORMATION

All subcontractors must provide their own safety equipment including fall protection devices. How many of your crews have fall protection equipment?

Number of Crews: _____ Fall Protection Devices: _____

If your company is assigned Trailer or Metal Roof tarp installation, how many 18-volt screw guns will you provide?

Number of Crews: _____ Number of Screw Guns: _____

Do you have trained crews who can work on pitches between 8/12 and 14/12 pitched roofs?

If so, how many: _____

Do your crews have the following on their work trucks:

First Aid Kit 2nd Story Ladders Fall Protection Fire Extinguishers
 Drinking Water Carpentry Tools (saws) for minor repairs
 Spare Tires Tools to change a flat Nails/Screws

If your company provides Spanish workers, will all crew leaders speak both English and Spanish? Yes No If no, how will the Quality Assurance and Quality Control personnel communicate with the crew?

Will all Crew Leaders have reliable Cell Telephones to communicate with each other, the General Contractor, Quality Assurance and Quality Control personnel?

Yes No

Will your employees wear any special type of clothing (Shirts) to depict your company's name? Yes No

All personnel must have hard hats available at all times. Will each of your crew members be issued hard hats to have in the work truck while on location?

Yes No

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DEPLOYMENT INFORMATION

Please list three 24-hour 7-days a week contact employees with your company including Cell Numbers for Deployment Notification.

<u>Name</u>	<u>Title</u>	<u>Cell Number</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

The previous five pages and the above is true and correct to the best of my knowledge. We are an Equal Opportunity Employer and follow all Federal, State and Local regulations regarding employment and work ethics'.

Signed this _____ day of _____, 2005.

Company Name: _____

Signature: _____

Print Name: _____

Title: _____

Witness: _____

Print Name: _____

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**FOR GENERAL CONTRACTOR'S USE ONLY**

Date Received: \_\_\_\_\_ Information Verified By: \_\_\_\_\_

Certificates of Insurance received:  Yes  No

Recommend Use of Subcontractor:  Yes  No

Contract Signed:  Yes  No Issue Vendor Number: \_\_\_\_\_

Date Deployed: \_\_\_\_\_ Area Deployed: \_\_\_\_\_