

## SUBCONTRACTOR APPLICATION FORM

### Contact Information

Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Position Held: \_\_\_\_\_ Email: \_\_\_\_\_

### Company Information

Business Name: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Email: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Address \_\_\_\_\_

Type of services you can provide:  
\_\_\_\_\_  
\_\_\_\_\_

PA HIC No.: \_\_\_\_\_ License No.: \_\_\_\_\_

Fed Tax ID# \_\_\_\_\_

Type of Company: (LLC, Corp., Partnership, Sole Proprietorship) \_\_\_\_\_

How many employees do you have? \_\_\_\_\_

How many years have you been in business? \_\_\_\_\_

A list of employees that will attend Costa Custom Builders, LLC sites must be provided.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Bank Account

Account Name: \_\_\_\_\_

Bank Name and Branch: \_\_\_\_\_

### Financial

\*Please attach a copy of your latest income statement and balance sheet.

Does your Company do audited or reviewed financial statements? \_\_\_\_\_

What was your company's average yearly volume of work for the past three years?  
Last year \_\_\_\_\_ Previous Year \_\_\_\_\_ Year Previous \_\_\_\_\_

What was your company's net income for each of the last three years?  
Last year \_\_\_\_\_ Previous Year \_\_\_\_\_ Year Previous \_\_\_\_\_

Has your company ever filed for bankruptcy protection in the U.S. Bankruptcy Court? If yes, please give date filed: \_\_\_\_\_

Credit Line Available: \_\_\_\_\_

Bonding Capacity: \_\_\_\_\_

Dun & Bradstreet No Dun & Bradstreet Rating: \_\_\_\_\_

Principal Owner's: \_\_\_\_\_

**Trade References:** (3 required - at least 1 supplier and 1 contractor)

Name & Company: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name & Company: \_\_\_\_\_ Contact No.: \_\_\_\_\_

Name & Company: \_\_\_\_\_ Contact No.: \_\_\_\_\_

List Name, Location, Value and Completion Date of last 3 projects:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**Insurance**

Workers Compensation Insurance Company and Policy No.: \_\_\_\_\_

General Liability Company and Policy No. \_\_\_\_\_

\*Copies of all insurance policies must be provided.

\*Have your insurance company send a Certificate of Insurance naming Costa Custom Builders, LLC as the Certificate Holder and additional insured.

**Occupational Health and Safety**

Do you follow all OSHA safety and health standards? \_\_\_\_\_

Do you have your own OSHA safety manual? \_\_\_\_\_

- Please provide a copy of your OSHA safety manual relevant to the work you are applying for.

**Quality Assurance**

Do you have a quality system to ISO 9001? \_\_\_\_\_

Do you use a system to monitor and record quality? \_\_\_\_\_

**Legal**

Have you ever had a contract terminated for default within the past five years? If yes, please indicate reason? \_\_\_\_\_

Are there any judgments, claims, arbitration proceedings, or suits pending or outstanding against your company? If so, please explain: \_\_\_\_\_

Has your company filed any lawsuits, submitted claims, or been involved in any litigation with regard to your contract activity within the last five years? \_\_\_\_\_

**Terms and Conditions:**

- It is the sole responsibility of the applicant to provide all relevant information as requested above. All expenses incurred in obtaining said information shall be borne by the applicant.
- No person is to commence work before all information is supplied and a letter to commence is issued.
- Please ensure that your details are complete and correct as Costa Custom Builders, LLC will not accept responsibility if any details are missing, late or incorrect.
- Applicant must provide completed W-9.
- Applicant must agree to, sign and submit subcontractor application, subcontractor agreement and all requested documentation to be considered.

This information is true and correct to the best of my knowledge and I have the authority to enter into a legal contract on the behalf of my respective company:

I authorize Costa Custom Builders, LLC to validate any information provided on this application including the contacting of references if necessary.

Subcontractor Representative: (Print Name) \_\_\_\_\_

Subcontractor Representative: (Sign Name) \_\_\_\_\_

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