

Subcontractor Qualifications

Thank you for your interest in working with Paul Hemmer Company. In order to enter you as a vendor we need the following information from you. Please provide all of the requested information and return this form to us at your earliest convenience.

We look forward to working with you:

Company Name:	_____	Phone:	_____
Street or P.O. Box:	_____	Fax:	_____
Mailing Address:	_____	Website:	_____
City / State/ Zip:	_____		
Physical Address:	_____	Primary Contact:	_____
Street Address:	_____	Title:	_____
City / State/ Zip:	_____	Cell Phone:	_____
		Email:	_____
Trade of Work You Preform:		Estimating Contact:	_____
Trade 1:	_____	Title:	_____
Trade 2:	_____	Cell Phone:	_____
Trade 3:	_____	Email:	_____
Trade 4:	_____		
Trade 5:	_____	Accounting Contact:	_____
		Title:	_____
Regions You Work In		Cell Phone:	_____
City 1:	_____	Email:	_____
City 2:	_____		
City 3:	_____	Other Contact:	_____
City 4:	_____	Title:	_____
City 5:	_____	Cell Phone:	_____
		Email:	_____

Please provide a brief description of you company and the type of work you do:

Form of Company: _____ (Corporation, LLC, Sole Proprietor, Partnership)	Insurance Provider: _____
Year Established: _____	Contact: _____
EIN No: _____	Phone: _____
Bonding Limit: _____	Email: _____
EMR Rating: _____	Bonding Provider: _____
Largest Project \$: _____	Contact: _____
Employees	Phone: _____
Field: _____ Office: _____	Email: _____

What types of projects does your company perform? (Check all that apply)

Residential: _____ Commercial: _____ Industrial: _____ Institutional: _____ Hospital: _____

What types of work does your company typically contract for?: (Check all that apply)

Plans & Spec: _____ Design \ Build: _____ Service & Maintenance Work: _____

Special Status: (Check all that apply) WBE MBE DBE SBE

Is your company open shop or union? _____ Are you a member of ABC? _____

Have you received any OSHA citations in the past 5 Years? Bank Provider: _____
 ___ Y ___ N If yes, Provide details: _____

Contact: _____
 Phone: _____
 Email: _____

Trade Reference: _____
 Contact: _____
 Phone: _____

Have you filed a lien in the past 5 Years? _____
 ___ Y ___ N If yes, Provide details: _____

Email: _____
 Trade Reference: _____
 Contact: _____

Phone: _____
 Email: _____

Have you been involved in a lawsuit in the past 5 Years? _____
 ___ Y ___ N If yes, Provide details: _____

Trade Reference: _____
 Contact: _____
 Phone: _____

Email: _____

Annual Volume:

Total annual sales volume: (\$) Current Year: _____ (1)Year Previous: _____ (2)Year Previous: _____

Approximate number of projects completed in previous year _____



Average contract size: (\$)	_____	Largest contract: (\$)	_____
Current Year annual sales breakdown by contract size:		Financial Information:	
Service and Other Work: \$	_____	Bank:	_____
Less than \$100,000: \$	_____	Bank Contact Name:	_____
\$100,000 to \$500,000: \$	_____	Bank Contact Phone:	_____
Over \$500,000: \$	_____	Current D&B Rating:	_____

Insurance and Bonding:

Who is the contact at your office that handles your insurance? _____

Liability Insurance Carrier: _____

Local Agent Name: _____ Phone: _____

What is the largest project you can bond? _____

Bonding Company: _____

Bonding Agent Name: _____ Phone: _____

The above information was completed by: Name: _____
(Type or print)

Signature: _____

Please attach the following information to this form:

- Current Certificate of Liability insurance
- Current Worker’s Comp Insurance Certificate (Ohio and Kentucky)
- List of Current Project in Progress
 - (Include contract amount, percent complete, and a list of contacts and phone numbers)
- List of Projects Completed in the last Two Years
 - (Include contract amount, percent complete, and a list of contacts and phone numbers)
- List of References
- W9

Please return this form and attachments to:

Paul Hemmer Company
Construction Department
226 Grandview Drive
Ft. Mitchell, KY 41017

