

859-341-8300 www.paulhemmer.com

## **Subcontractor Qualification Form**

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

Physical Address	Estimating Contact
Street Address	Title
City/State/Zip	Cell Phone
	Email
Trade(s) of Work You Perform	
Trade 1:	Accounting Contact
Trade 2:	Title
Trade 3:	Cell Phone
Trade 4:	Email
Trade 5:	
	Other Contact
Region(s) of Work You Perform	Title
City 1:	Cell Phone
City 2:	Email
City 3:	
City 4:	
City 5:	
Form of Company	Insurance Provider
(Corporation, LLC, Sole Proprietor, Partnership)	Contact
Year Established	Phone
EIN No	Email
Bonding Limit	Bonding Provider
EMR Rating	Contact
Largest Project §	Phone
Employees:	Email
# in Office	
# in Field	
What types of projects does your company perform? ( Residential: Commercial: Industri	Check all that apply) ial: Institutional: Hospital:



WBE: MBE: DBE: S	BL
Is your Company Open shop or Union?	Are you a member of ABC?
Have you received any OSHA Citations in the past	Bank Provider
5 years? Y N	Contact
	Phone
f yes, please provide details:	Email
	Trade Reference
	Contact
	Phone
Have you filed a lien in the past 5 years? Y N	Email
· · ·	Trade Reference
If yes, please provide details:	Contact
	Phone
	Email
	Trade Reference
Have you been involved in a lawsuit in the past 5	Contact
years? Y N	Phone
	Email
f yes, please provide details:	
Annual Volume	
Total annual sales volume: (\$)	(1) Vear Previous: (2) Vear Previo





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Average Contract Size (\$)	Largest contract: (\$)
Current Year Annual Sales Breakdown by contra	
size	Bank:
Service & Other Work (\$)	Bank Contact Name:
Less than \$100,000	
\$100,000-\$500,000	
Over \$500,000	
Insurance and Bonding	
	your insurance?
Liability Insurance Carrier:	
Local Agent Name:	Phone:
What is the largest project you can bond?	
Bonding Company:	
	Phone:
The character of the control of the New York and the New York and the Control of	
The above information was completed by: Nar	ne:
	(Type or print)
Signature:	Date:

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 upload this form and attachments to <a href="https://www.paulhemmer.com/subcontractor-app/">https://www.paulhemmer.com/subcontractor-app/</a>

If you are unable to submit online, please mail to

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