



Subcontractor Form

We appreciate your interest in submitting bids. Please print and fill out this form and fax, email or mail it to the address indicated at the end of the form.

Company Information

Company Name	
Company Address	
Billing Address (If different)	
Contact Name	
Title	
Office Phone	
Fax	
Cell Phone	
Email Address	
Years in business	

Has your company ever failed to complete or defaulted on a project?	<input type="checkbox"/> Yes (please explain below) <input type="checkbox"/> No
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Financial Ability

What is your average annual dollar volume for the last 5 years?	\$
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Please list your projects for the last two years, including current projects:

Project Name and Location	General Contractor and Phone	Contract Amount	Completion Date

Within the last seven years has your company, predecessor organization, or any principal involved filed for bankruptcy?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain on separate sheet)
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Safety

Does your company have a safety program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a drug testing program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you had any OSHA citations in the last three years?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain on separate sheet)

Legal Status

Within the last five years has your company been involved in any legal dispute?	<input type="checkbox"/> No <input type="checkbox"/> Yes (if yes, please explain on separate sheet)
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A Certificate of Insurance will be required

Worker's Compensation and Employer's Liability:

- a) State: Statutory
- b) Employer's Liability \$100,000 – Each Accident
 \$500,000 – Disease, Policy Limit
 \$100,000 – Disease, Each Employee
- c) Whichever is applicable – individual, partners, or corporate officers must be covered.
- d) All Subcontractors with any employees, temporary employees or casual labor must have a Workers' Compensation policy evidenced by a current Certificate of Insurance.
- e) All Independent Contractors will have to sign an appropriate Independent Contractors Waiver of Workers' Compensation form or provide a current Certificate of Insurance **before access to work site is allowed.**

General Liability (Occurrence Form):

- a) Combined Bodily Injury and Property Damage:
 - \$1,000,000 each Occurrence
 - \$2,000,000 General Aggregate
 - \$1,000,000 Products/Completed Operations Aggregate
- b) **The Contractor and the Owner of the project must EACH be named as Additional Insureds** on Subcontractors General Liability Insurance policy and appear as such on Certificate of Insurance.

Automobile Liability:

- a) Combined Bodily Injury and Property Damage \$1,000,000 each Accident
- b) The following coverage must be included:
 - I. Owner Automobiles
 - II. Non-Owned and Hired Automobiles



Please list your references

Company Name	Contact/Address	Phone	Fax

I declare that the foregoing is correct and true to the best of my knowledge and belief.

Authorized Signer

Title

Please Print Name

Date

You may fax this information to 970-241-2806, email to doug@wriighthospitality.com or mail it to:

**The Wright Group LLC
740 Gunnison Avenue #215
Grand Junction, CO 81501**