



SUBCONTRACTOR INFORMATION & QUALIFICATION

Provided information will remain confidential.

Company Name: _____

Physical Address: _____

Street City State Zip

Mailing Address: _____

Street City State Zip

Telephone Number: _____ **Facsimile Number:** _____

Email Address: _____

Name of Officers/Principals: _____

Business Type: Corporation () Partnership () Individual () LLC ()

Subchapter S () Other () _____

Date of Incorporation or Organization: _____ **State of Incorporation or Organization:** _____

Federal ID # or Social Security Number: _____

Experience Modifier Rate (Past 3 Years): _____

Bonding Rate: _____

List trades and corresponding license numbers: _____

Comparable Construction Projects:

1. Project Name: _____

Project Address: _____

Street City State Zip

General Scope of Work: _____

Contractor Contact and Telephone Number: _____

2. Project Name: _____

Project Address: _____

Street City State Zip

General Scope of Work: _____

Contractor Contact and Telephone Number: _____

Name of Principal Owner (print)

Date

Signature of Principal Owner (sign)

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