



• I. SUB-CONTRACTOR GENERAL INFORMATION

- Company Name*
 -
- Phone
 -
- Fax
 -
- Primary Contact
 -
- Email
 -
- Cell Phone
 -
- Address
 -
- State
 - California
- ZIP
 -
- City
 -
- Type of Organization
 - Corp.
- Year Established
 -
- Trades Performed
 -
- Current Number of Employees
- Office
 -
- Field
 -
- Superintendents
 -
- DIR Number
 -

• II. LICENSE INFORMATION

- License Number
 -
- State
 - California
- License Classification/Type
 -
- Federal Tax ID
 -
- Current Classifications
 - MBE
 - WBE
 - DBE
- Prevailing Wage Projects
 - Yes
 - No
- Affiliations
 - Union
 - Non-Union

• III. INSURANCE INFORMATION

- Insurance Company
 -
- Phone
 -
- Fax
 -
- Agent Name
 -
- Phone
 -
- Email
 -
- Address
 -
- City
 -
- State
 - California
- ZIP
 -
- Policy Number
 -
- Years with Insurance Company
 -
- Workers Compensation Carrier
 -
- Policy Number
 -
- Workers Compensation Current EMR/ERP Rate
 -
- Claims paid in last 3 years
 -
- Does your company meet or exceed E.H. Butland Corp. insurance requirements
 - Yes
 - No

[Download requirements](#)

• IV. SAFETY INFORMATION

- Substance Abuse Policy & Implemented Drug Screening
 - Yes
 - No
- Injury & Illness Prevention Program
 - Yes
 - No
- Conduct Safety Meetings
 - Yes
 - No
- If so how often?
 -
- 2015
 -
- 2016
 -
- 2017
 -

• V. BONDING INFORMATION/FINANCIAL CAPABILITY

- Can you provide bonding?
 - Yes

- No
 - Surety/Bonding Company
 -
 - Phone
 -
 - Fax
 -
 - Agent Name
 -
 - Phone
 -
 - Email
 -
 - Address
 -
 - City
 -
 - State
 - California
 - ZIP
 -
 - Bonding Rate
 -
 - Bonding Capacity – Single Project
 -
 - Bonding Capacity – Aggregate
 -
 - How much of your work is currently Bonded
 -
- Percentage
- Provide Name of Your Financial Institution
 -
 - Contact
 -
 - Phone
 -
 - Line of Credit Amount
 -
 - UCC Filing
 - Yes
 - No

• VI. LEGAL INFORMATION

- Have any OSHA inspections resulted in violations over the last 5 years?
 - Yes
 - No
- Has a claim ever been filed against your Contractors State Bond?
 - Yes
 - No
- Has a claim ever been filed against your performance or material bond?
 - Yes
 - No
- Has your company ever had liquidated damages assessed for delays?
 - Yes
 - No
- Has your company or its principles or partners ever filed for bankruptcy?
 - Yes
 - No
- Has a contract issued to your company ever been canceled or terminated for non-performance?
 - Yes
 - No
- Have any of the company's owners, principles or partners been indicted or convicted of any felony,

fraudulent or other criminal activity?

- Yes
- No
- Has any insurance carrier, for any reason, refused to renew a policy for your company?
 - Yes
 - No
- Is your company or any of its Owners, Officers or major stockholders currently involved in any arbitration or litigation.
 - Yes
 - No
- Has any claim been filed in court or arbitration against your organization concerning your performance on a construction project.
 - Yes
 - No
- Has any claim been filed in court or arbitration against your organization for construction defects?
 - Yes
 - No
- Has any claim been filed in court or arbitration by your organization against a Contractor?
 - Yes
 - No

• VII. BIDDING INFORMATION

- Primary Contact
 -
- Email
 -
- Cell
 -
- Phone
 -
- Preferred Project Size
 - Under \$50K
- Project Types (Select All That Apply)
 - Medical/Healthcare
 - Hospital/OSHPD
 - Commercial
 - Industrial
 - Office Bldgs.
 - MOB's
 - Surgery Centers
 - Dialysis Centers
 - Imaging Centers
 - TI's
 - Diagnostic Imaging
 - Oncology Treatment
 - Parking Structures
 - Schools
 - Industrial
 - Design/Build Assist

• PERFORMANCE EVALUATION

- List five (5) major projects completed within the last 3 years. Include project name, location, your contract amount, contact name and cell phone.
- Provide three (3) references for other General Contractors you have completed work for within the last 3 years. Include Company name, contact, cell phone and email address.

- Provide three (3) separate material supply warehouses you regularly purchase materials from. Include supplier name, contact, cell phone and email address.



Submit

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