

BROOKER

CONSTRUCTION GROUP

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SUBCONTRACTOR/SUPPLIER REFERENCE DATA

JOB #: _____

JOB NAME: _____

Name and Physical Address of Company:

Phone Number: _____

Principal

Name: _____

SS#: _____

Address: _____

How long have you been in business: _____

What form of company? Corporation Proprietorship
 Partnership Sub S Corporation

What is the average size job you normally do? _____

What is the largest single job that you have done? _____

Name: _____ \$: _____ Location: _____

When was it completed? _____

What is your approximate annual volume? _____

Approximate dollar volume you are under contract for now? _____

What type of jobs do you normally do? Retail Commercial
 Industrial Residential

Have you ever filed for bankruptcy or receivership proceeding?

Yes No

Do you have uncollected judgments against you? (If yes, explain):

Yes: _____ No

Have you had any financial setbacks in the past year? Yes No

Do you carry liability insurance?

Yes No

Carrier: _____

Agent: _____

Is a financial statement available? Dated: _____

"Yes No

"(If yes, please provide a current financial report with this data sheet)

All information will be kept strictly confidential.

Have you bonded work before?

Yes No

What was the largest project that you have done unbonded: _____

Can you bond this project?

Yes No

Have any lawsuits been filed by or against you in the last three years? (If yes, explain)

Yes: _____

No

PLEASE LIST BELOW THE LAST THREE (3) PROJECTS COMPLETED BY YOUR FIRM:

1. Name of Project: _____
Approximate \$ value for your portion of work: _____
General Contractor's Name: _____
Representative: _____
Telephone Number. _____

2. Name of Project: _____
Approximate \$ value for your portion of work: _____
General Contractor's Name: _____
Representative: _____
Telephone Number _____

3. Name of Project: _____
Approximate \$ value for your portion of work: _____
General Contractor's Name: _____
Representative: _____
Telephone Number. _____

Suppliers:

1. Name: _____

Contact: _____

Phone: (____) _____

2. Name: _____

Contact _____

Phone: (____) _____

Insurance:

Name: _____

Contact _____

Phone: (____) _____

Bonding:

Name: _____

Contact: _____

Phone: (____) _____

Bank:

Name: _____

Contact _____

Phone: (____) _____