

Date: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ - _____

Fax: (_____) _____ - _____

E-Mail Address: _____ Company Web site: _____

What trades or type of work is performed by your company? _____

What types of projects does your company perform? (Check all that apply)

- Residential Commercial Industrial Institutional Hospital

What types of work does your company typically contract for?: (Check all that apply)

- Plans & Spec Design \ Build Service & Maintenance Work

What city or regional area(s) are you interested in working in? _____

Emergency Contacts:

Name: _____ Name: _____

Home Phone: (_____) _____ - _____ Home Phone: (_____) _____ - _____

Cell Phone: (_____) _____ - _____ Cell Phone: (_____) _____ - _____

Pager: (_____) _____ - _____ Pager: (_____) _____ - _____

Company Information:

Owner Name: _____ Title: _____

Year Business Started: _____ Corporate Structure: _____

(Sole Proprietor, Partnership, S-Corp, etc.)

Company Information (cont.)

Special Status: (Check all that apply)

WBE MBE DBE SBE

Is your company open shop or union?

Union Open Shop Are you a member of ABC? Yes No

What is your Experience Modification Rating (EMR) ? _____

Have you ever received any OSHA citations? Yes No

If yes, please list details: _____

Are there any pending legal claims against your company? Yes No

If yes please list details: _____

Legal Counsel: Firm: _____

Phone: (_____) _____ - _____ Contact : _____

Annual Volume:

Total annual sales volume: (In dollars)

3 years ago: \$ _____ 2 years ago: \$ _____ Last year: \$ _____

Approximate number of projects completed in 1999: _____

Average contract size: \$ _____ Largest contract: \$ _____

1999 annual sales breakdown by contract size:

Service and Other Work: \$ _____ (Total for last year)

Less than \$50,000: \$ _____ (Total for last year)

\$50,000 to \$250,000: \$ _____ (Total for last year)

Over \$250,000: \$ _____ (Total for last year)

Insurance and Bonding:

Who is the contact at your office that handles your insurance? _____

Liability Insurance Carrier: _____

Local Agent Name: _____ Phone: (_____) _____ - _____

What is the largest project you can bond? \$ _____

Bonding Company: _____

Bonding Agent Name: _____ Phone: (_____) _____ - _____

Financial Information:

Bank: _____

Bank Contact Name: _____ Phone: (_____) _____ - _____

Current D&B Rating: _____

The above information was completed by: Name: _____

(Type or print)

Signature: _____

Please attach the following information to this form:

Current Certificate of Liability insurance

Current Worker's Comp Insurance Certificate

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

Please mail this form to: Paige Industrial Services, Inc.
3301 Hubbard Road
Landover, MD 20785
Attn: Personnel Department