

JEN

CONTRACTING

Subcontractor Questionnaire

Submission of this form will allow Jen Contracting to enter your company's information into our database for future bid solicitation. No subcontracts will be issued on any project unless Jen Contracting has an approved Subcontractor Qualification Form on file. All information submitted to Jen Contracting shall be considered confidential. Please **submit completed form with current insurance certificate** to info@jencontracting.com

General Information

Full name of business: _____
Address: _____
Phone: _____
Email address: _____
Website: _____
Operations Contact: _____
Estimator Contact: _____

Organization

This Firm is a: Corporation _____ Partnership _____ Sole Proprietor _____ LLC _____ Other _____
Date Founded _____ State of Formation _____
Federal Employer Identification Number (FEIN) _____
List Officers, Managers, and Principals (Full Name, Title, Years in Position):

Under what other names has your firm operated? _____
Please provide all trade and professional licenses, if any, required for you to perform your services
(Name of license, State, License Number):

Work Classification:

What type(s) of work are you interested in bidding _____

List the geographic areas you prefer to work in: _____

Describe bonding capabilities: _____

Additional Information: _____

This questionnaire was completed by:

Name: _____ Title _____

Phone #: _____ E-mail: _____

Authorized Representative's Signature

Date Signed