



**Constructors, Inc.**

Grand Junction ♦ Denver ♦ Durango ♦ Phoenix ♦ Cheyenne ♦ Aztec

**SUBCONTRACTOR INFORMATION FORM**

Thank you for your interest in submitting bids to FCI Constructors, Inc. Please fill out this form completely and accurately. Please note that forms will not be considered complete until all attachments are received and thorough. If you have questions while filling out this form, please contact the procurement department in the FCI Office closest to you.

<b>Aztec</b> 1427 W Aztec Blvd C3 Aztec, NM 87410 505-334-7330 ph 505-334-3933 fax	<b>Cheyenne</b> PO Box 21569 Cheyenne WY 82003 307-778-3085 ph 307-778-3659 fax	<b>Denver</b> 4001 N Valley Dr. Longmont, CO 80504 970-535-4725 ph 970-535-4867 fax
<b>Durango</b> 186 Moose Lane Durango, CO 81303 970-259-8644 ph 970-259-8633 fax	<b>Grand Junction</b> PO Box 1767 Grand Jct, CO 81502 970-434-9093 ph 970-434-7583 fax	<b>Phoenix</b> PO Box 2176 Litchfield Park, AZ 85340 623-772-7400 ph 623-877-3300 fax

**COMPANY INFORMATION**

COMPANY NAME	
ADDRESS	
CITY	
STATE, ZIP	
BIDDING CONTACT	
CONTACT TITLE	
PHONE	
FAX	
MOBILE	
EMAIL ADDRESS	
WEB SITE ADDRESS	
TYPE OF COMPANY Check all that apply	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> Other_____
YEARS IN BUSINESS UNDER CURRENT COMPANY NAME	
COMPANY OFFICERS Names and Titles <a href="#">Please attach resumes</a>	
IS YOUR COMPANY A MEMBER OF iSqFt (formerly CNS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No



PROJECT INFORMATION

Is there a specific project you're interested in?

TYPE AND SIZE OF PROJECTS YOU ARE INTERESTED IN BIDDING. Check all that apply.

Table with 2 columns: Type of Project and Size of Project (Total Construction Costs). Lists various project types and cost ranges with checkboxes.

LOCATION OF PROJECTS YOU ARE INTERESTED IN BIDDING. Check all that apply.

Table with 2 columns listing various geographic areas such as Denver Metro Area, Northern Colorado, etc., with checkboxes.

Please describe the types of products and services you are able to provide.

What are the types and percentages of work you contract to others?

Has your company ever defaulted on or failed to complete a project? No Yes (please explain)

LEGAL INFORMATION

In the last five years, has your current company or any predecessor organization been involved in any litigation, or a legal dispute with an Owner, Architect or General Contractor? No Yes (please explain)

In the last five years, has your current company or any predecessor organization had any judgements made against it? No Yes (please explain)



**SAFETY**

Does your firm have a company-wide safety program? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is your current Experience Modification Rate for Worker’s Compensation Insurance? _____
Attach a list of any OSHA Citations against your firm in the last five years and the outcome of each citation.
Does your firm have a pre-hire drug testing program? <input type="checkbox"/> Yes <input type="checkbox"/> No

**FINANCIAL ABILITY, BONDING AND INSURANCE**

Please provide your annual average dollar volume for the past three years \$ _____
Please attach a list of current projects including contract amount, expected completion date, architect name, general contractor, your project manager and your superintendent or foreman with current contact information.
In the last five years, has your current firm or any predecessor organization, or any principal of the firm filed for bankruptcy? <input type="checkbox"/> No <input type="checkbox"/> Yes (please explain)

**Please provide the following references:**

**Banking**

Bank Name	
Contact Person	
Phone	
Fax	
Address	
City, State, ZIP	

**Bonding**

Bonding Agent	
Contact Person	
Phone	
Fax	
Address	
City, State, ZIP	
Bonding Limits	Single: _____ Aggregate: _____



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**Please Provide the following insurance information:**

Insurance Agent	
Contact Person	
Phone	
Fax	
Address	
City, State, ZIP	

[Please attach a sample Certificate of Insurance](#)

Please review FCI's standard subcontract agreement requirements for insurance below:

Worker's Compensation .....	Statutory Limits
General Liability	
Each Occurrence.....	\$1,000,000
General Aggregate .....	\$2,000,000
Personal/Adv Injury .....	\$1,000,000
Products/Comps Ops Aggregate .....	\$1,000,000
Automotive	
Combined single limit each accident.....	\$1,000,000
Pollution Liability	
Per Claim .....	\$1,000,000
Aggregate .....	\$2,000,000

**Please provide three client references:**

Company Name	Phone
Contact Person	Fax
Project Name:	
Company Name	Phone
Contact Person	Fax
Project Name:	
Company Name	Phone
Contact Person	Fax
Project Name:	

**SIGNATURE**

I declare that the information provided herein is true and correct to the best of my knowledge.

\_\_\_\_\_  
Authorized Signing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title