



Company: _____ Contact: _____

Address: _____

Phone: _____ Fax: _____

Corporation: ___ Partnership: ___ Sole Proprietor: ___ E-mail: _____

Federal Tax ID #: _____ # of Years in Business: _____

Contractor's License #: _____ Exp. Date: _____

ISNetworld Member: (Y/N) _____ If Yes, Member ID #: _____

Chief Financial Contact: _____

Bank Name & Branch: _____

Does your firm use temporary labor? _____ WBE or MBE? _____

Has the company ever received a Notice of Tax Lien or Levy? (Y/N) _____ If Yes, what year? _____

If yes, explain _____ Has the lien been satisfied (Y/N) _____

Number of employees: _____ Union Affiliation: _____

Owners: _____

Name

Title

Name

Title

Type of Work Performed: Division #: _____ Trade: _____

Division #: _____ Trade: _____

Annual Revenue for Past Three Years:

Current Year 20__	Previous year 20__	Previous year 20__

Desired Job Size: Minimum: _____ Maximum: _____

Largest Job Completed to Date (Name and Value) _____

Company: _____





References:

Contractor References:

1. _____
Project Contractor Contact Name & Phone Number
2. _____
Project Contractor Contact Name & Phone Number
3. _____
Project Contractor Contact Name & Phone Number

Trade References:

1. _____
Name Phone Number
2. _____
Name Phone Number
3. _____
Name Phone Number

Safety/Experience Modification Rate (EMR):

Please indicate your Experience Factor History for the last three years:

Current Year 20__	Previous year 20__	Previous year 20__

**If your EMR is over 1.10, please provide a copy of your last three years OSHA Form 300 Log (or equivalent) of Work-Related Injuries and Illnesses.

Insurance:

Surety Company: _____ Agent / Phone: _____

Insurance Carrier: _____ Agent / Phone: _____

Workers Compensation Board (WCB) Manitoba Account Number: _____

**Provide a copy of your Clearance Letter from the WCB*

Signature: _____ Title: _____ Date: _____

Please return this form to SimplotP2@fishercgi.com

Questions: Please call 360.757.4094

