



General Construction

Construction Management

Design/Build Services

Subcontractor Profile Information

General Infor	mation:			
Company Name:				
Main Contact:				
Phone:	Fax:	Email:		
Address:				
City:	State:	Zip Code:		
Federal Tax ID:				
Company Info	ormation			
Scope of work (de	escription):			
If your company is	capable of providing m	nultiple services please limit t	o 4 items to better	
apply your compar	ny to bids and our com	pany's bidders list.		
What areas are y	ou available to servi	ce (i.e. Cincinnati only):		
Special Classif	ications:			
City of Cinci	nnati – SBE 🔃 Sta	ate of Ohio – MBE/ EDGE	Program	
National – W	/BE Ot	her		
*Please attach o	ertification with ap	plication		
Safety Informat	ion:			
Does your company have any OSHA Certified Personnel? YES			YES	NO
If so, how many	and what kind of cer	tification??		

Commercial Industrial Institutional



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Professional References

Additional Information:

Contact Name:	Company:			
Phone Number:				
Contact Name:	Company:			
Phone Number:				
Project References				
What has been your largest contract complet	ed? Project Name:			
Contract Amount:	Project CM or GC:			
Project Scope of work:				
What are your typical project types and a	verage size?			
Type of Work:	Average Project Contract:			
What kind of projects have you worked w	rith us in the past?			
Financial Information				
Is your company bonded?				
If so, what is your Surety Company Name	à:			
Bonding Capacity: \$				
Federal Tax ID #:				
Please submit a copy of your insurance and workers comp certificate for our records.				

Please share any additional information you feel is important to share with HGC.

List below Contact names and phone numbers for work References:





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