



Thank you for your interest in Top Grade Construction, Inc. In order to develop a more comprehensive knowledge of your company and better match future opportunities to your Company's capabilities, please complete this form.

Date of Response: _____

SUBCONTRACTOR/VENDOR STATEMENT

Name of Company: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Contact: _____ Phone: _____ Email: _____

Contact: _____ Phone: _____ Email: _____

Contact: _____ Phone: _____ Email: _____

Website: _____

Is your Company:

MBE: _____ WBE: _____ DBE: _____ DVBE: _____ SBE: _____ UDBE: _____

Trades: (Please fill in the trade(s)/services that your company is interested in bidding

Trade/Service: _____ Trade/Service: _____

Trade/Service: _____ Trade/Service: _____

Trade/Service: _____ Trade/Service: _____

Year Company Started: _____

Contractor's License #: _____ Classification: _____ State: _____ Expiration: _____

State Sales Tax Registration Number: _____ State Unemployment Insurance Number: _____

Federal ID Number: _____

List corporate officers, partners, proprietors, members, and shareholders of your Company:

Name	Year of Birth	Position	% Owned
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Under what other names has your Company operated? _____

How many people does your Company presently employ? _____

How many people did your Company employ on average over the last 3 years? _____

Has your company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? _____ Yes _____ No

If yes, please explain: _____

Have any of the Owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct? _____ Yes _____ No

If yes, please explain: _____

Has your Company or any Owners, officers or stockholders ever been suspended, disbarred or otherwise precluded from pursuing public work or even been found to be non-responsive by a public agency? _____ Yes _____ No

If yes, please explain: _____

Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation? _____ Yes _____ No

If yes, please explain: _____

Does your Company have any outstanding judgments' or claims against it? _____ Yes _____ No

If yes, please explain: _____

List the geographic areas in which you work: _____

List Unions which you have agreements with:

Local number: _____ Union Name: _____ Agreement Expiration: _____

Local number: _____ Union Name: _____ Agreement Expiration: _____

Local number: _____ Union Name: _____ Agreement Expiration: _____

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2, 3...) other size projects you are capable of performing:

Under \$100,000: _____ \$100,000-\$500,000: _____ \$500,000-\$1,000,000: _____

\$1,000,000-\$5,000,000: _____ \$5,000,000-\$10,000,000: _____ Over \$10,000,000: _____

List the trades you normally perform with your own forces: _____

What % of the Company's work is normally subcontracted? _____ %

What trades do you normally subcontract? _____

What is the largest contract your Company has ever completed?

Amount: \$ _____ Year: _____ Project Name and Scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: \$ _____ Year: _____ Project Name and Scope: _____

What was the average annual volume of work performed over the past 4 years?

Year/Volume: _____ Year/Volume: _____

Year/Volume: _____ Year/Volume: _____

Name of your Bank: _____

Address: _____

Phone: _____ Contact person: _____

Amount of line of credit: \$ _____ Amount available: \$ _____ Expiration date: _____

UCC Filing: Yes: _____ No: _____ How is credit secured? _____

Bonding Company: _____ How long with current bonding company (years): _____

Name of Surety: _____ Key Contact Person/Phone: _____

Bonding Capacity: Per Job \$ _____ Aggregate: \$ _____

Please list the persons or entities that provide indemnification to your Surety: _____

List three of your major suppliers:

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____ Contact: _____

List three contractors that you do business with:

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____ Contact: _____

List three business references that we may contact:

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Company Name: _____ Phone: _____

Address: _____ Contact: _____

Please list your Company's Workers Compensation Interstate Experience Modification Rate for the most recent three years:

Yr: _____ Rate: _____ Yr: _____ Rate: _____ Yr: _____ Rate: _____

How many OSHA violation(s) has your Company received in the last three years? (Yr. = # of violations)

Yr: _____ / #: _____ Yr: _____ / #: _____ Yr: _____ / #: _____

Commercial General Liability

Insurance Carrier: _____

Policy Form: _____ Policy Number: _____ Policy Period: from _____ to _____

Any exclusion from standard GCL policy? Yes: _____ No: _____

Limits:	Current:	Max Obtainable:
General Aggregate	\$ _____	\$ _____
Products-Comp/Op Agg.	\$ _____	\$ _____
Personal/Adv. Injury	\$ _____	\$ _____
Each Occurrence	\$ _____	\$ _____
Fire Damage	\$ _____	\$ _____
Med. Exp (any one person)	\$ _____	\$ _____

Deductible: \$ _____

Per project limits: Yes: _____ No: _____

Mail form to:
TOP GRADE CONSTRUCTION
Attn: Contract Administration
50 Contractors Street
Livermore, CA 94551

Fax form to:
(925) 449-5875
Attn: Contract Administration

Email form to:
info@topgradeconstruction.com