



# CONTRACTOR INFORMATION FORM

Please fill in **ALL** requested information accurately, provide attachments and submit to:

**McCarthy & Smith, Inc.**

24317 Indoplex Circle | Farmington Hills, MI 48335 | 248.427.8400 phone | 248.427.8401 fax  
Or email: mdorsch@mccarthysmith.com

**General Information**

Company Name: \_\_\_\_\_ Company E-Mail: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Owner's Name: \_\_\_\_\_ Chief Estimator: \_\_\_\_\_

Contracting Classification: General Contractor ; Subcontractor ; Supplier ; Manufacturer

**Contractor History**

1. Services performed by your firm: \_\_\_\_\_  
\_\_\_\_\_

2. Business structure: Corporation ; Partnership ; Sole Owner ; Other  \_\_\_\_\_

3. Number of years in business as a company named above: \_\_\_\_\_

4. Work force: Administration \_\_\_\_\_ Field (avg.) \_\_\_\_\_ Other \_\_\_\_\_

5. Are you affiliated with a labor union? No  Yes  / If yes, indicate union (s) \_\_\_\_\_

6. Is your Company:  
\_\_\_\_ WBE \_\_\_\_ MBE \_\_\_\_ DBE \_\_\_\_ HubZone \_\_\_\_ 8(a) \_\_\_\_ SDVOSB  
Please attach copies of all certifications.



# CONTRACTOR INFORMATION FORM

7. a) Largest single contract this company has held: \$ \_\_\_\_\_
- b) Project owner: \_\_\_\_\_
- c) Project general contractor (if available): \_\_\_\_\_
- d) Time period of performance: \_\_\_\_\_

8. Annual gross volume for the last four (4) years:
- 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_

9. Is your company bondable? No  Yes  (if yes, please fill out the information below).
- a) Name of bonding company: \_\_\_\_\_
- b) Address: \_\_\_\_\_
- c) City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
- d) Phone: \_\_\_\_\_ Fax: \_\_\_\_\_
- e) Bonding limits: Single project \$ \_\_\_\_\_  
Aggregate Capacity \$ \_\_\_\_\_

▪ Note: If you are **NOT** established with a bonding company, please attach your latest statement of assets, liabilities and net worth. Many McCarthy & Smith, Inc. projects require bonding of all contractors. We urge you to establish a relationship with a bonding company, if you do not currently have one.

10. Insurance: (please attach a copy of a current certificate (s) of insurance showing limits you normally carry)

11. List your Interstate Experience Modification Rate (EMR) for the most recent three years.
- Yr/Rating: \_\_\_\_\_ Yr/Rating: \_\_\_\_\_ Yr/Rating: \_\_\_\_\_

12. Tradesmen affiliation: AFL/CIO ; ABC ; CLA ; Other  \_\_\_\_\_



# CONTRACTOR INFORMATION FORM

13. Provide on a separate sheet provide a list of references (name, address, phone and fax number) for the following:
- a) Two business references
  - b) One financial reference
  - c) Two contracting references
  - d) Most current financial statement

14. Geographical area of operations: \_\_\_\_\_  
\_\_\_\_\_

15. Our company is qualified to furnish and install material (s) in one or more of the following proposed bid divisions. Please mark a (F) for furnish and/or an (I) for install in the allotted space below.

- |  |   |
|--|---|
| <input type="checkbox"/> Earthwork                   | <input type="checkbox"/> Wood Doors                       |
| <input type="checkbox"/> Site Utilities              | <input type="checkbox"/> Finish Hardware                  |
| <input type="checkbox"/> Landscaping                 | <input type="checkbox"/> Aluminum Windows Glass & Glazing |
| <input type="checkbox"/> Asphalt Paving              | <input type="checkbox"/> Studs / Drywall / Plaster        |
| <input type="checkbox"/> Fencing                     | <input type="checkbox"/> Acoustical Treatment             |
| <input type="checkbox"/> Selective Demolition        | <input type="checkbox"/> Carpet / Resilient Flooring      |
| <input type="checkbox"/> Footing & Foundations       | <input type="checkbox"/> Hard Tile                        |
| <input type="checkbox"/> Concrete Flatwork           | <input type="checkbox"/> Painting                         |
| <input type="checkbox"/> Masonry                     | <input type="checkbox"/> Visual Display Boards            |
| <input type="checkbox"/> Steel                       | <input type="checkbox"/> Plastic Toilet Compartment       |
| <input type="checkbox"/> Carpentry                   | <input type="checkbox"/> Metal Lockers                    |
| <input type="checkbox"/> Roofing                     | <input type="checkbox"/> Folding Partitions               |
| <input type="checkbox"/> Caulking                    | <input type="checkbox"/> Stage Curtains                   |
| <input type="checkbox"/> Metal Siding                | <input type="checkbox"/> Projection Screens               |
| <input type="checkbox"/> Hollow Metal Doors & Frames | <input type="checkbox"/> Window Treatment                 |
| <input type="checkbox"/> Food Service Equipment      | <input type="checkbox"/> Plumbing                         |
| <input type="checkbox"/> Casework                    | <input type="checkbox"/> HVAC                             |
| <input type="checkbox"/> Electrical                  | <input type="checkbox"/> Other (please list) _____        |



# CONTRACTOR INFORMATION FORM

To the best of my knowledge, the information provided on this form is accurate and current according to our records.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

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

\_\_\_\_\_  
Date

---

---

McCarthy & Smith use only

Date received: \_\_\_\_\_

Received by: \_\_\_\_\_

Date reviewed: \_\_\_\_\_

Data entry by: \_\_\_\_\_

Data entry date: \_\_\_\_\_