



322 Freedom Boulevard
Yorktown, Virginia 23692
(757) 872-8606
(757)872-8706 *fax*

To: SUBCONTRACTORS and SUPPLIERS

Re: Subcontractor and Supplier Information Requirements

We will need to obtain some information regarding your company's qualifications. Please submit to us your completed form, a W-9, and a current Certificate of Insurance via fax or mail. This information will be reviewed by our staff and kept on file.

If you have any questions or concerns, please contact Jo Ann Willett at the number listed above.

Thank you for your interest in working with Spain Commercial, Inc.

SUBCONTRACTOR and SUPPLIER INFORMATION FORM

Please fill this form out completely. It should be typed or handwritten legibly.

Company Contact: _____

Contact number: _____

Date: _____

1. Legal Company Name: _____

Street Address: _____

City, State, and Zip: _____

Telephone Number: _____

Fax Number: _____

2. Type of Entity: Corporation Individual

Partnership Other

Class of License: _____

Registration Number: _____

Federal Tax ID Number: _____

Expiration Date: _____

3. Company Information:

- Number of years in business under present company name: _____

- What scope of work does your company typically perform: _____

- What size projects does your company typically do? _____

- What areas of Hampton Roads do you typically work in? _____

4. Do you maintain and enforce an active drug screen policy?

Yes

No

5. If Yes, under what circumstances do you test?

Pre-Employment

Post-Accident

Probable Cause

6. Has your firm had any OSHA citations within the past (5) five years?

Yes

No

If "Yes", please explain: _____

7. General Liability Insurance:

Insurance Company: _____

Insurance Agent: _____

Telephone Number: _____

Policy Number: _____

Current Limit: _____

8. Worker's Compensation:

Insurance Company: _____

Insurance Agent: _____

Telephone Number: _____

Policy Number: _____

Current Limit: _____

9. Professional References:

- Company Name: _____
Contact Person: _____
City, State, and Zip: _____
Telephone Number: _____
- Company Name: _____
Contact Person: _____
City, State, and Zip: _____
Telephone Number: _____
- Company Name: _____
Contact Person: _____
City, State, and Zip: _____
Telephone Number: _____

10. Credit References:

- Company Name: _____
Contact Person: _____
City, State, and Zip: _____
Telephone Number: _____
- Company Name: _____
Contact Person: _____
City, State, and Zip: _____
Telephone Number: _____
- Company Name: _____
Contact Person: _____
City, State, and Zip: _____
Telephone Number: _____