

Subcontractor Qualification

Office Use Only:

Commitment #: _____
 Date Approved: _____
 Job No.: _____

Applicant Information:

Company Legal Name _____

Street Address _____ City _____ State _____ Zip _____

Remit Address (if different from above) _____ City _____ State _____ Zip _____

Business Phone _____ Business Fax _____ Website _____

Are you currently pricing a DiMarco Project? Yes No If yes, Project Name: _____

Business Type: Corporation LLC Partnership Proprietorship Federal ID #: _____ **(Attach W-9)**

Status: MBE WBE SBE SDBE HUBZone Union Open Shop Bondable

Please review attached Insurance Certificate. Can you meet these requirements? YES NO

Business Trade/CSI Code(s): _____ Organization Year: _____ Organization State: _____

Average Project Size \$ _____ Average Yearly Volume \$ _____

What is your Backlog in dollars? As of Today: _____ As of Last Financial Statement: _____ As of 12 Months Ago: _____

Number of Full Time Employees _____ Number of Part Time Employees _____ Current EMR Rating: _____

Has your Firm or any other organization with which your Officers or Owners were involved with in the last 3 years ever failed to complete any work awarded or been terminated for cause? NO YES (If Yes, please attach complete explanation).

Are there any judgments, claims, arbitration proceedings or suits, pending/outstanding against your Firm or its Officers or Principals? NO YES (If Yes, please attach complete explanation).

Has your Firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last 3 years? NO YES (If Yes, please attach complete explanation).

Has your Firm or any other organization with which your Officers or Owners were involved with in the last 3 years ever filed for bankruptcy or in a voluntary or involuntary reorganization? NO YES (If Yes, please attach complete explanation).

Has your surety ever finished one of your construction projects? NO YES (If Yes, please attach complete explanation).

Owner(s) and/or Officers:

First Name	Middle Initial	Last Name	Title	SS#	Email

Address	City	State	Zip

First Name	Middle Initial	Last Name	Title	SS#	Email

Address	City	State	Zip

Bank Information:

Bank Name	Address	Phone	Account No.	Contact

Financial Trade References (i.e. material suppliers, subcontractors):

Name	Address	Phone	Fax	Contact

Name	Address	Phone	Fax	Contact

Name	Address	Phone	Fax	Contact

Professional References (Including but not limited to A/E Firms, General Contractors and Owners):

Name _____ Address _____ Phone _____ Fax _____ Contact _____

Name _____ Address _____ Phone _____ Fax _____ Contact _____

Name _____ Address _____ Phone _____ Fax _____ Contact _____

Accounting Contact _____ Phone _____ Email _____

Estimating Contact _____ Phone _____ Email _____

Credit Authorization, Payment Terms, Collection Expenses

The undersigned customer authorizes DiMarco Companies to obtain credit/consumer reports or any other credit information on the guarantor, owner, and/or president.

Signature _____ Title: _____ Date: _____

Personal Guaranty – Required

I (we) personally guarantee payment of any balance due on this account and any account of any successor corporation in which guarantor(s) has an interest including finance charges, collection charges, and attorney's fees.

Signature _____ Date: _____

Signature _____ Date: _____

The Federal Equal Credit Opportunity Act prohibits creditors from discriminating against credit applicants on the basis of race, color, religion, national origin, sex marital status, age (provided the applicant has the capacity to enter into a binding contract), because of all or part applicant's income derives from any public assistance program, or because the applicant has in good faith exercised any right under the Consumer Credit Protection Act. The federal agency that administers compliance with the law in the Federal Trade Commission, Equal Opportunity, Washington, DC 20580.

**REMIT COMPLETED FORM TO
DIMARCO CONSTRUCTORS
EMAIL: KSCHMIDT@DIMARCOGROUP.COM
OR FAX: 585-272-1860**