

ICON WEST, INC.

Sub-Contractor's Information Sheet (References and Qualifications)

Organizational Information:

Company President:

Company Name:

Company Address:

City/State/Zip:

Company Telephone:

Company Fax Number:

Primary E-mail Address:

Company Federal EIN#:

Entity Type / Year Formed:

Work Under a Union Agreement:

License No.

MAIN CONTACT

Principal

Accountant

Estimator

Contact Name

Title

Email Address

Phone No.

Fax No.

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

BANK/BOND/INSURANCE INFORMATION:

Bank

Bonding Company

Insurance Carrier

Name of Institution

Address

City/State/Zip.

<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

Contact Name	_____	_____	_____
Contact Phone No.	_____	_____	_____
Contact Email Add.	_____	_____	_____
Contact Fax No	_____	_____	_____
Bond Capacity/Limits of Liability (Single)	_____	_____	_____
Bond Capacity/Limits of Liability (Aggregate)	_____	_____	_____

List 2 Material Suppliers' contact information:

_____	_____
_____	_____
_____	_____

List Last 3 Largest Completed Projects , including project name, General Contractor and Co

	<u>Project 1</u>	<u>Project 2</u>	<u>Project 3</u>
Project Name	_____	_____	_____
Address	_____	_____	_____
Project Owner	_____	_____	_____
Gen. Contractor	_____	_____	_____
Contact Name (GC)	_____	_____	_____
Phone	_____	_____	_____
Email Address	_____	_____	_____
Description of Project	_____	_____	_____
NTP Date	_____	_____	_____
Completion Date	_____	_____	_____
Contract Amount	_____	_____	_____

List of all Current Projects (Attach Additional Sheets if necessary):

	<u>Project 1</u>	<u>Project 2</u>	<u>Project 3</u>
Project Name	_____	_____	_____
Gen. Contractor	_____	_____	_____

Contact Name _____
Phone _____
Contract Amount _____

List of Litigation or Claim History in the past 5 years. Provide a Detailed Description of each additional sheets if necessary.

#1 _____
#2 _____
#3 _____

Does your firm have any Federal/State pending Tax Liens:

List of any Prevailing Wage Violation or Labor Claim History in the past 5 years:

Has your firm ever been charged with Liquidated Damage: (Yes/No)

If Yes, Please provide details of circumstances:

