



W.C. Construction Company, LLC Vendor Application Form

General Information

Business Name: _____

Key Contact Person: _____

Street Address: _____

Mailing Address (if different from above address): _____

Phone Number (including area code): _____ Fax Number: _____

Mobile Number (including area code): _____

Email Address: _____

Website Address: _____

Organization

This firm is a: Sole Proprietor Corporation

Partnership Other : _____

Date Founded: _____

State of Formation: _____

Please indicate below information about the Officers, Managers and Principals:

Title	Name	Length In Position

Is your firm a minority or HUB certified business? Yes No

(If Yes, please attach certificate)

Licensing Information

Please provide all trade and professional licenses, if any, attained to perform your services.

Project References

Please list projects your firm currently has in progress showing project name, city & state, contract amount and contact person (include phone numbers).

1) _____
2) _____
3) _____

Please list the major projects your firm has completed in the last three (3) years showing project name, city & state, contract amount and contact person (include phone numbers).

1) _____
2) _____
3) _____

Additional Information

Please list any additional information that may assist our company to determine your firm's qualifications and experience :

Specify Type of Business: (check all that apply)

___ Manufacturer ___ Construction ___ Wholesale Dealer

___ Service ___ Other (specify below)

Bonding/Insurance Information

1) Does your company currently carry the required insurance coverage (Workers Compensation, General Liability, Automobile Liability)?

If no, can you obtain the insurance coverage listed above? _____

2) What is your current Worker's Compensation Experience Modification Rate (EMR)?

3) Can you provide a performance & payment bond, if required? _____

4) If so, please list name of surety agent, bonding company and performance and payment bond rate.

Surety Agent: _____

Contact: _____ Address: _____

City _____ State _____ Zip _____

Phone Number: _____ Fax Number: _____

Bonding Company: _____ Surety (Bond) Rate: _____

Present Bonding Capacity-Aggregate Amount _____

Bonding Capacity-Per Project Limit _____

Current Bonding Aggregate Amount Available _____

This application was completed by:

Print Name: _____

Signature: _____

Title: _____

Date: _____

Please complete & return to:

W.C. Construction Company, LLC P.O. Box 25051 Winston Salem, NC 27114