



# Subcontractor/Supplier Profile Form

Please Complete Form In Its Entirety				
<b>Subcontractor/Supplier Information</b> (Please complete information in spaces provided)			<b>Date Submitted:</b>	
<b>Company Name:</b>	<b>Federal Tax ID:</b>	<b>Website:</b>		
<b>Telephone #:</b>	<b>Fax #:</b>		<b>Years in Business</b>	<b># of Employees</b>
<b>Mailing Address:</b>	<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>Physical Address:</b>	<b>City:</b>		<b>State:</b>	<b>Zip:</b>
<b>AP/AR Name</b>	<b>AP/AR Number</b>	<b>AP/AR Email</b>		
<b>Estimator Name:</b>	<b>Estimator Number:</b>	<b>Estimators Email:</b>		
<b>Structure of Company (please select)</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Individual <input type="checkbox"/> Joint Venture <input type="checkbox"/> Other			<b>Geographic Service Area</b> National <input type="checkbox"/> State <input type="checkbox"/> Local <input type="checkbox"/>	
Scope of Work				
<input type="checkbox"/> Asbestos Removal <input type="checkbox"/> Acoustical Ceiling <input type="checkbox"/> Drywall <input type="checkbox"/> Environmental Engineer <input type="checkbox"/> Electrical	<input type="checkbox"/> Food Service Equipment <input type="checkbox"/> Landscaping <input type="checkbox"/> Masonry <input type="checkbox"/> Mechanical <input type="checkbox"/> Painting <input type="checkbox"/> Plumbing	<input type="checkbox"/> Flooring <input type="checkbox"/> Roofing <input type="checkbox"/> Security <input type="checkbox"/> Sprinkler <input type="checkbox"/> Sprinkler <input type="checkbox"/> Specialties	<input type="checkbox"/> Structural Steel <input type="checkbox"/> Sitework <input type="checkbox"/> Supplier <input type="checkbox"/> Surveying <input type="checkbox"/> Waterproofing & Caulking <input type="checkbox"/> Window Treatments	<input type="checkbox"/> Other (If other list)  What division(s) _____?
Have you provided service and/or materials to our company in the last 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Please list any professional License(s) &amp; Limitation (if applicable):</b>			<b>License Classification (if applicable):</b>	
<b>Bonding Information: Is your company bonded?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is your company cable of being bonded? <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Bonding Capacity:</b> <input type="checkbox"/> Single Job \$ _____ <input type="checkbox"/> Aggregate \$ _____ (please attach most recent surety letter)	
<b>Please attach current certificate of insurance, incl. GL, WC, Auto, Umbrella, listing limitations:</b>				
<b>HUB Section: Please include copy of HUB Certificate</b> Check all that apply (If yes, please check appropriate HUB Type below)			<b>Is firm HUB certified?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>HUB Type (If applicable)</b>			<b>Source of Ownership: Certification Agency / Verification</b>	
<input type="checkbox"/> Non-Minority <input type="checkbox"/> B-African American <input type="checkbox"/> H-Hispanic <input type="checkbox"/> AA-Asian American	<input type="checkbox"/> AI-American Indian <input type="checkbox"/> W-Woman (non-minority) <input type="checkbox"/> D-Socially & Economically Disadvantaged	<input type="checkbox"/> Not Applicable <input type="checkbox"/> State of North Carolina HUB <input type="checkbox"/> State of North Carolina DOT <input type="checkbox"/> Local Agency	<input type="checkbox"/> Federal Agency <input type="checkbox"/> Out of State Agency <input type="checkbox"/> Self- Identified <input type="checkbox"/> Unknown	
<b>Please provide company's largest dollar value project over the past 3 years:</b>			(\$)	
<b>2013 Annual gross sales \$</b>	<b>2012 Annual gross sales \$</b>	<b>2011 Annual gross sales \$</b>		
<b>Project References (Owner/Architect/GC reference only)</b>	<b>Contact Name</b>		<b>Telephone Number &amp; Email Address</b>	
1)				
2)				
3)				

Signature of Principal or Company Officer \_\_\_\_\_

Title \_\_\_\_\_

If you have any questions on how to complete the profile form, email the Administrative Manager at [alyssa@wconstructionco.com](mailto:alyssa@wconstructionco.com) or contact our office at (336) 721-3420. Please email completed form to [alyssa@wconstructionco.com](mailto:alyssa@wconstructionco.com), fax to (336) 721-3421, or upload form to website.

### Office Use Only

**Date Approved:**

**Approved By:**

**Sharefile Username:**

**Sharefile Temporary Password:**