



**FURLONG
BUILDING**

Furlong Building
12 Price Ave
Erlanger, KY 41018
859-647-2999
FurlongBuilding.com

Subcontractor Information

Date: _____

Company Name: _____

Street Address: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: (____) ____ - _____

Fax: (____) ____ - _____

E-Mail Address: _____

What trades or type of work is self-performed by your company?

What types of projects does your company perform? (Check all that apply)

Residential Commercial Industrial Institutional Hospital

What types of work does your company typically contract for? (Check all that apply)

Plans & Spec Design \ Build Service & Maintenance Work

What city or regional area(s) are you interested in working in?

Emergency Contacts:

Name: _____ Name: _____

Home Phone: (____) ____ - _____ Home Phone: (____) ____ - _____

Cell Phone: (____) ____ - _____ Cell Phone: (____) ____ - _____

Pager: (____) ____ - _____ Pager: (____) ____ - _____



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Company Information:

Owner Name: _____ Title: _____

Year Business Started: _____ Corporate Structure: _____
(Sole Proprietor, Partnership, S-Corp, etc.)

Number of Employees: _____ Office: _____ Field: _____

Special Status: (Check all that apply)

WBE MBE DBE SBE

Is your company open shop or union?

Union Open Shop Are you a member of ABC? Yes No

What is your Experience Modification Rating (EMR)? _____

Have you ever received any OSHA citations? Yes No

If yes, please list details:

Are there any pending legal claims against your company? Yes No

If yes please list details:

Legal Counsel: _____ Firm: _____

Contact: _____ Phone: (____) ____ - _____



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Insurance and Bonding:

Who is the contact at your office that handles your insurance? _____

Liability Insurance Carrier: _____

Local Agent Name: _____ Phone: (____) ____ - _____

What is the largest project you can bond? \$_____

Bonding Company: _____

Bonding Agent Name: _____ Phone: (____) ____ - _____

Financial Information:

Bank: _____

Bank Contact Name: _____ Phone: (____) ____ - _____

Current D&B Rating: _____

The above information was completed by: Name: _____

(Type or print)

Signature: _____

Please attach the following information to this form:

- Current Certificate of Liability insurance
- Current Worker's Comp Insurance Certificate
- List of References

Please return this form and attachments to:

accounting@furlongbuilding.com