



* To be considered as a potential subcontractor, please complete and return as soon as possible by Email or Fax to: (916) 787-0311.

Company Name: _____ Corporate ID#: _____

Corporation LLC Sole Proprietor/Partnership

Owners Name: _____ Company Size: _____ Company Revenue: _____

Address: _____ Web Address: _____

Phone: _____ Service Fax: _____ Service Email Address: _____

Primary Contact: _____ Email Address: _____

Of Trucks: _____ # Of Technicians: _____ # Of Helpers: _____

Do you handle refrigeration: Yes No Do you service restaurant refrigeration: Yes No
Do you provide service statewide: Yes No Radius of Service: ___ miles Union Non-Union

1. BUSINESS

How many years have you been in business: _____ Year Established: _____

Years in business under present business name: _____

Does your company have branch offices: Yes No *Techs have: digital cameras
If yes, where: _____ cell phones uniforms

Are you part of a consolidated group or any other national companies: Yes No
If yes, please provide name of group or national organization: _____

2. TYPE OF WORK PERFORMED

What percentage of your business is Service _____% Installation _____%.

What is the percentage of work you perform for the following:

Residential _____% Commercial _____% Industrial _____% Restaurant _____%

3. EMERGENCY SERVICE:

Do you provide 24-hour service: Yes No After Hours Phone #: _____

What is your response time for emergency service: _____ Emergency Cell Phone: _____

4. LABOR RATES:

Street Rate: _____ Overtime Rate: _____ Flat Rate: _____

Preferred Labor Rate to us as a contract customer: \$ _____ per hour.

5. LICENSE(S)

Type(s) of license(s) held. (Please forward a copy.)

6. INSURANCE

Does your company have a current workers' compensation insurance policy as legally required: Yes No
(Please provide a copy.)

Does your company have vehicle insurance: Yes No (Please forward a copy.)

Does your firm have a current General Liability Insurance policy: Yes No

If yes, please provide limits per occurrence, aggregate, and name of insurance co. (Please forward a copy.)

7. CERTIFICATION

Are you currently certified by an agency listed below: (Check all that apply and forward a copy.)

- Minority Business Enterprise (MBE)
- Disadvantaged Business Enterprise (DBE)
- Emerging Small Business (ESB)
- Women Business Enterprise (WBE)
- Disabled Veteran Business Enterprise (DVBE)
- EPA Certified

If certified, please provide the agency name and certification number(s) from which your company has received certification: _____

Is your company considered a small business concern (as defined by the Small Business Association):
(Refer to <http://www.sba.gov> for SBA standards.) Yes No

8. CLIENT REFERENCES

Please provide at least three (3) Client References: (Below or on another page.)

- 1. _____ # of locations: _____
- 2. _____ # of locations: _____
- 3. _____ # of locations: _____

9. SERVICE AREAS:

Please provide a list of your service areas:

- 1. Example: City, State _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____
- 6. _____
- 7. _____
- 8. _____
- 9. _____
- 10. _____
- 11. _____
- 12. _____
- 13. _____
- 14. _____
- 15. _____
- 16. _____
- 17. _____
- 18. _____
- 19. _____
- 20. _____

COMMENTS: _____

