



RE: Profile Data for Our Bidder's List

To Whom It May Concern:

Enclosed is our Subcontractor Profile sheet, we request you complete and fax back to us as soon as possible to be included on our bidder's list.

Please attach a copy of your current insurance certificate with the profile sheet. On the certificate we are looking for the following information as it applies:

General Liability	Automobile Liability
Excess/ Umbrella	Garage Liability
Property Coverage	Sullivan Construction, Inc. listed as additionally insured)
Professional Liability	
Worker's Compensation and Employer's Liability (if you do not carry this, there needs to be evidence as to why.)	

If you carry Professional Liability Insurance, this needs to be noted on the attached form and we require this information to be noted on an insurance certificate.

When you have completed the attached Subcontractor Profile Sheet, please e-mail or fax it to the attention of Craig Liffner, Director of Operations at (cliffner@sullivanconstruction.com – fax: 603-647-1888).

Thank you for your assistance and if you have any questions, please call me at 603-647-1777 ext. 1641.

Sincerely,

Craig Liffner
Director of Operations

Enclosure

**SULLIVAN CONSTRUCTION, INC.
SUBCONTRACTOR PROFILE**

Company _____ Fed ID # _____

Address _____

City, State Zip _____

Phone: _____ Fax: _____ E-mail: _____

What type of Electronic Format can you receive and open thru Email/Disc? (Etc. PDF, TIF, JPG, CADD)

Contacts:

- Owner: _____
- Estimator: _____
- Accounts Payable: _____

Type Work Performed: _____

State(s) Worked _____

State(s) licensed (If applicable): _____ **Unionized – Y/N** _____

How long have you been in business under this company name?: _____

Have you ever been in business under any other name?: _____

If yes, please provide Name and number of years in business. _____

No. Employees: _____ **Job Size – Min/Max:** _____

What is the largest project (in \$ amount) you have completed as of this date: _____

Insurance Company Name: _____

Address: _____

Professional Liability? Y/N

Performance & Payment Bonding:

Bonding Company: _____

Bonding Agent: _____

Bond Capacity: _____

Customer/Client References – Name & Address

1. _____
Name/Address/Contact/Phone Number

2. _____
Name/Address/Contact/Phone Number

Trade References – Name & Address

1. _____
Name/Address/Contact/Phone Number

2. _____
Name/Address/Contact/Phone Number

Bank Reference:

1. _____
Name/Address/Contact/Phone Number

2. _____
Name/Address/Contact/Phone Number

Financial Statement – Can you provide a current financial statement? Y/N (If yes, please attach a copy.)

ATTN: Craig Liffner – cliffner@sullivanconstruction.com FAX NUMBER: 603-647-1888