

Subcontractor & Supplier Information Request Form



PACIFIC
CONSTRUCTION SERVICES, INC.

4700 N. Ravenswood
Suite B
Chicago, IL 60640

Project (if applicable) _____
Solicitation/Reference No. _____
Application/Bid Date _____

SECTION I: GENERAL BUSINESS INFORMATION

Legal Business Name _____ Federal Tax ID _____

BUSINESS INFORMATION (check one) Supplier Subcontractor Consultant Other

Primary Office Address: _____
Mailing/Billing Address: _____
Principal Contact: _____
Years in Business _____ Number of Employees _____

CONTACTS	Name	Phone	Cell Number	Email Address
Project Manager	_____	_____	_____	_____
Estimating	_____	_____	_____	_____
Accounting	_____	_____	_____	_____

TYPE OF BUSINESS (check one) Corporation Partnership LLC/LLP Other

Labor/Union Affiliation Union Non Union If Union, Which Ones: _____
Design/Build Capabilities Yes No _____

SMALL & DISADVANTAGES BUSINESS UTILIZATION (check all entities that apply)

Women-Owned (51% Ownership & Participation) Minority Owned (51% Ownership & Participation)
Certification with: State of Illinois City of Chicago SBA-8A Cook County

SAFETY SECTION (check all that apply)

Do you have a written Safety Program Yes No Are all employees trained in safety requirements? Yes No
Do you have a Company Safety Director or other Safety Professionals on staff? Yes No
Have you ever had any OSHA violations? Yes No If yes, please list: _____

INSURANCE & (Do you currently carry or can you obtain the following insurance coverage)

General Liability Yes No Limit: _____
Automobile Liability Yes No Limit: _____
Employer Liability Yes No Limit: _____
Worker's Compensation Statutory Maximum at Project Site? Yes No Limit: _____
MOD Rating: _____

BONDING

Bonding Company Name: _____ Contact Name: _____
Address: _____ Phone #: _____
Present Amount of Coverage: _____



SECTION II: Financial Statements

Prepared Financial Statements with notes may be provided in lieu of completing section II

ASSETS

A. Current Assets

Cash: _____

Short Term Cash Investments: _____

Accounts Receivable: _____

Inventories: _____

Other Current Assets: _____

Total Current Assets: _____

B. Property, Plant and Equipment

Land: _____

Buildings & Equipment: _____

Leasehold Improvements: _____

Less Accumulated Depreciation & Amortization: _____

Total Property, Plant and Equipment: _____

C. Other Assets

Investments in & advance to affiliated Company: _____

Goodwill, less amortization: _____

Due from Officer/Employee: _____

Other: _____

Total Other Assets: _____

TOTAL ASSETS: _____

INCOME

A. Net Sales

Cost & Expenses: _____

Cost of Goods Sold: _____

Depreciation & Amortization: _____

Selling/General/Admin. Expenses: _____

Interest Income: _____

Other Expenses: _____

Minority Interest in Earnings of Subsidiaries: _____

TOTAL COSTS & EXPENSES: _____

Earnings Before Taxes: _____

Taxes on Income: _____

Income Before Extraordinary Items: _____

Extraordinary Gains Net of Taxes: _____

NET INCOME: _____

SECTION III: BANKING INFORMATION

BANK INFORMATION

Name of Bank: _____
 Contact: _____
 Phone Number: _____
 Fax Number: _____
 Address: _____
 Amount Owing: _____
 Term Loans: Yes No
 Line Of Credit: Yes No
 Maximum Amount Authorized: _____
 Amount Outstanding: _____

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 Contact: _____
 Phone Number: _____
 Fax Number: _____
 Address: _____
 Amount Owing: _____
 Term Loans: Yes No
 Line Of Credit: Yes No
 Maximum Amount Authorized: _____
 Amount Outstanding: _____

SECTION IV: BACK LOG

CONTRACTS IN FORCE

Location: _____	Owner's Name: _____
Address: _____	Phone Number: _____
Type of Work: _____	Contract Amount: _____
Percent Completed: _____	Est. Completion Date: _____

Location: _____	Owner's Name: _____
Address: _____	Phone Number: _____
Type of Work: _____	Contract Amount: _____
Percent Completed: _____	Est. Completion Date: _____

Location: _____	Owner's Name: _____
Address: _____	Phone Number: _____
Type of Work: _____	Contract Amount: _____
Percent Completed: _____	Est. Completion Date: _____

Location: _____	Owner's Name: _____
Address: _____	Phone Number: _____
Type of Work: _____	Contract Amount: _____
Percent Completed: _____	Est. Completion Date: _____



LARGEST JOBS COMPLETED IN THE LAST FIVE YEARS

Location: _____ Contact's Name: _____
Address: _____ Phone Number: _____
Contract Amount: _____ Amount Sublet: _____

Location: _____ Contact's Name: _____
Address: _____ Phone Number: _____
Contract Amount: _____ Amount Sublet: _____

Location: _____ Contact's Name: _____
Address: _____ Phone Number: _____
Contract Amount: _____ Amount Sublet: _____

Location: _____ Contact's Name: _____
Address: _____ Phone Number: _____
Contract Amount: _____ Amount Sublet: _____

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of PCS

The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Name: _____ Signature: _____ Title: _____ Date: _____