1. Type of Business: Contractor Vendor
2. Division:

 01-General 02-Site work 03-Concrete

 04-Masonry 05-Metals 06-Wood & Plastics

 07-Thermal & Moisture 08-Doors & Windows 09-Finishes

 10-Specialties 11-Equipment 12-Furnishing

 13-Special Construction 14-Conveying System 15-Mechanical

 16-Electrical 17-Voice & Data Other

1. Description of work:
2. Business Information:

 Company Name:

 Contact Person:

 Mailing Address:

 Street Address:

 City, State, Zip:

 Telephone:

 Fax:

 Email:

1. Organization: Corporation Partnership Individual Joint Venture
2. Federal Identification Number or Social Security Number:
3. Name and Title of Officers, Owners and Partners:

Name Title % of Ownership

1. License of Company:

 Name Title % of Ownership

1. Length of time in business:
2. Number of Employees:
3. Have your company failed to complete any work awarded? (If yes, please explain)
4. List five reference:

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | Contact | Phone Number | Fax Number |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

1. Does your company comply with drug free work act?
2. Does your company have a written safety Policy?
3. Has your company been cited by OSHA in the past five years?
4. List current construction projects:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | Address | Contract Amount | Owner Name | Architect Name | General Contractor  | Contact Name | Contact telephone # |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

1. List major construction projects:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Project Name | Address | Contract Amount | Owner Name | Architect Name | General Contractor  | Contact Name | Contact telephone # |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |

* **EACH SUB-CONTRACTOR IS REQUIRED TO CHECK-IN AND OUT OF THE PROJECT, DAILY.**
* **ALL SUB-CONTRACTORS’ WORKER COMPENSATION AND LIABILITY INSURANCE MUST BE KEPT UPDATED AND ON FILE WITH DELESLINE CONSTRUCTION. ALL SUB-CONTRACTORS’ PERSONNEL MUST BE COVERED BY THE SUB-CONTRACTORS’ WORKER COMPENSATION.**

* **ALL WORK AREAS ARE TO BE CLEANED AND LEFT IN A NEAT APPEARANCE BY 3:45 PM DAILY. IF THIS IS NOT DONE, DELESLINE CONSTRUCTION INC. WILL CHARGE THE OFFENDING SUB-CONTRACTOR $50.00 AN HOUR PLUS DUMP FEES.**
* **ALL AREAS MUST BE MAINTAINED IN A CLEAN, NEAT AND ORDERLY MANNER. THE OWNER’S DRIVES, WALKS, ENTRANCES AND EXITS MUST BE KEPT CLEAR AT ALL TIMES.**
* **WORK TIME IS: MONDAY, TUESDAY, WEDNESDAY, THURSDAY, FRIDAY FROM 7:30 AM TO 4:00 PM, ALL OTHER TIME MAY BE SCHEDULED BUT MAY BE ASSED SUPERVISION COST**
* **NO: SMOKING, EATING, OR DRINKING IN BUILDING**
* **BOISTEROUS OR OBSCENE LANGUAGE WILL NOT BE TOLERATED ON THIS PROJECT.**
* **NO PETS OR CHILDREN WILL BE PERMITTED AT THE PROJECT OR PARKING AREAS.**
* **NO RADIOS OR LOUD MUSIC WILL BE PERMITTED AT THE PROJECT OR PARKING AREAS.**
* **CLOTHING – WEARING A SHIRT IS MANDATORY OR COMPLETE COVERALLS OR SIMILAR CLOTHING ADEQUATELY COVERS THE BODY. WEAR DURABLE CLOTHES AND STURDY SHOES OR BOOTS SUITABLE FOR YOU WORK. (NO SHORTS OR CUT-OFFS). LOOSE OR TORN CLOTHING, NECKTIE OR SWEAT RAGS MAY CONTRIBUTE TO AN ACCIDENT.**
* **ALL SUB-CONTRACTORS MUST UPDATE AS-BUILT DRAWINGS MONTHLY; NO CHECKS WILL BE ISSUED TO THE OFFENDING SUB-CONTRACTOR UNTIL AS-BUILTS ARE UPDATED.**
* **ALCOHOLIC BEVERAGES, DRUG SUBSTANCE AND FIREARMS WILL NOT BE ALLOWED ON CONSTRUCTION PROPERTY AT ANY TIME.**
* **ALL PERSONAL IN ACCORDANCE WITH APPROPRIATE SAFETY REGULATIONS MUST WEAR HARDHATS, GLOVES AND PROPER FOOT WEAR.**

* **CONTRACTORS ARE REQUIRED TO COMPLY WITH ALL APPLICABLE FEDERAL, STATE AND LOCAL SAFETY REGULATIONS. IN PARTICULAR, THE FEDERAL OCCUPATIONAL SAFETY AND HEALTH ACT (OSHA).**
* **ALL EQUIPMENT AND ELECTRICAL CORDS SHOULD BE IN GOOD WORKING CONDITIONS.**
* **LADDERS MUST BE IN GOOD REPAIR. ALL SCAFFOLDING MUST BE A TYPE APPROVED BY OSHA AND BE SAFELY AND SECURELY ERECTED.**
* **DELESLINE CONSTRUCTION IS NOT LIABLE FOR ANY MATERIALS OR EQUIPMENT STORED, USED OR STOLEN AT THIS PROJECT.**
* **NO MATERIALS CAN BE BILLED FOR PAYMENT UNLESS AT JOB SITE OR AT A BONDED WAREHOUSE.**
* **ALL COMPRESSED GAS AND AIR CYLINDERS SHALL BE TRANSPORTED CAREFULLY AND IN AN UPRIGHT POSITION WITH CAPS IN PLACE. ALL CYLINDERS WHETHER EMPTY OR FULL, SHALL BE STORED IN AN UPRIGHT POSITION AND SECURED BY CHAINS TO PREVENT THEM FROM FALLING.**
* **RIDING LOADS, SLINGS, BALL, CRANE HOOK OR OTHER MATERIALS HOISTING EQUIPMENT IS PROHIBITED EXCEPT IN AN EMERGENCY.**
* **IN THE EVENT OF A HURRICANE OR STROM EMERGENCY IS IMMINENT THE SUBCONTRACTOR SHALL, AT HIS OWN EXPENSE AND WITHOUT COST TO THE OWNER OR DELESLINE CONSTRUCTION, TAKE ALL NECESSARY MEASURES TO SECURE ALL HIS MOVABLE PROPERTY, BUILDING WORK OR PLANT IN SUCH MANNER THAT NO DAMAGE TO PUBLIC OR PRIVATE PROPERTY OR TO PERSONS MAY RESULT BY REASON OF DISPLACEMENT OF THE CONTRACTOR’S MATERIAL, EQUIPMENT OR PLANT DURING SUCH HURRICANE OR STORM.**