



Number of employees (max last year):	Men?	Women?	Minorities?
Is payroll paid?	Weekly <input type="checkbox"/>	Bimonthly <input type="checkbox"/>	Monthly <input type="checkbox"/>
Do your employees belong to a Union?	<input type="checkbox"/> Yes <input type="checkbox"/> No If YES, what is the name of the Union?		
Is your payroll system performed by a:	Service? <input type="checkbox"/> or In House? <input type="checkbox"/>		
Have you ever prepared and submitted Certified Payroll Reports to Owners or Contractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
List key personnel planned for this project. Please list names, expected positions and the last three (3) projects worked on.			
_____			
_____			
_____			

**RESOURCES AND BONDING**

What is your company's current bonding capacity? Total:	Single Project:
Name of Bonding Company:	
Name of Bonding Agent:	
Bonding Agent's Address:	
Bonding Agent's Phone Number:	
What is the range of projects performed?	Average Project: \$
	Smallest Project: \$
	Largest Project: \$
Please list projects which your firm has successfully executed within the past five years. Include names and phone numbers of persons who can be contacted as references:	
Project Name:	Location:
Contact Name:	Phone Number:
Subcontract Amount: \$	
Project Name:	Location:
Contact Name:	Phone Number:
Subcontract Amount: \$	
Project Name:	Location:
Contact Name:	Phone Number:
Subcontract Amount: \$	
Project Name:	Location:
Contact Name:	Phone Number:
Subcontract Amount: \$	
Project Name:	Location:
Contact Name:	Phone Number:
Subcontract Amount: \$	

**BANK REFERENCE**

Bank Name:	Phone Number:
Bank Address:	

**REFERENCES**

List three (3) companies you have done business with in the past year:

Company Name:	Address:
Contact Name:	Phone Number:

  

Company Name:	Address:
Contact Name:	Phone Number:

  

Company Name:	Address:
Contact Name:	Phone Number:

  

List three (3) suppliers with whom you have credit or do business with:

Company Name:	Address:
Contact Name:	Phone Number:

  

Company Name:	Address:
Contact Name:	Phone Number:

  

Company Name:	Address:
Contact Name:	Phone Number:

**RESOURCES AND BONDING**

*Please attach an insurance certificate outlining your coverage.*

List your firm's Worker's Compensation Experience Modification Rate for the three (3) most recent years.

20 \_\_\_\_\_

20 \_\_\_\_\_

20 \_\_\_\_\_

Please use your last year's OSHA No. 200 Log to fill in the number of injuries and illnesses:

Number of lost workday cases: \_\_\_\_\_

Number of restricted workday cases: \_\_\_\_\_

Number of cases with medical attention only: \_\_\_\_\_

Number of fatalities: \_\_\_\_\_

Do you have a written safety program?  Yes  No *Please attach a copy.*

The undersigned warrants that the information furnished above and attached is accurate and true.

Name of Authorized Representative (Please PRINT or TYPE)	Title
Signature of Authorized Representative	Date

Please forward the completed form to:

J.W. Enochs Inc.  
 416 East Randolph Road  
 P.O. Box 589  
 Hopewell, Virginia 23860  
 804-541-0680  
 804-541-0655

Email to: Subcontractor@JWEnochs.com  
 FAX: 804-541-0478