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Subcontractor/Vendor Pre-Qualification

Name of Company: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Contact: _____ Title: _____

Cell Phone: _____ E-Mail: _____

Year Company Started: _____ Type of Company: Corporation Partnership
 Proprietorship LLC

List corporate officers, partners, shareholders who hold more than 5% of stock in the company:

<u>Name</u>	<u>Position</u>	<u>Percent Owned</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Bonding Capacity: Per Job: \$ _____ Aggregate: \$ _____
Bonding Company: _____ Contact Person: _____

Please indicate trades that your company is interested in bidding:

List unions with which you have agreements:

List three contractors that you do business with:

<u>Company</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List three major suppliers:

<u>Company</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any outstanding judgments or claims against your company? If yes, explain:

Any OSHA violations received in the last three years? If yes, explain:

- SUBMIT COPIES OF ANY LICENSES, CERTIFICATIONS, BUSINESS REGISTRATIONS.
- SUBMIT COPY OF CURRENT SAFETY MANUAL.
- SUBMIT SAMPLE OF CURRENT CERTIFICATE OF INSURANCE