

## COMPANY INFORMATION

1. Company Name:

2. Phone Number:

3. Contact Name:

4. Contact Title:

5. Mailing Address:

6. Headquarters Address:

Email:

7. Other branch addresses if applicable:

8. Tax ID # / FEIN:

9. D&B #:

10. How many years has your company been in operation?

11. Please specify type of business entity (i.e. Corporation, Limited Liability Company or other):

If a Corporation, please mention State of Incorporation:

12. Does your company operate under any other business name currently or in the past?

13. Is your Firm Affiliated with any other company?

Firm Name:

Phone:

Address:

If yes, please list all applicable names below:

Other Company Names:

**BUSLAM**

**960 Arthur Godfrey Rd. Suite 206**

**Miami Beach, FL 33140**

**O. 305.763.8166 | F. 305.531.4440**

14. Has your firm done business with M&C or BUSLAM before under current or any other name? If yes, please list all applicable names below:

15. Current number of payroll employees:

16. Is your labor force part of a union?

If yes, mention what union (s):

17. Does your company have a Minority/Small Business Status?

## FINANCIAL DATA

1. Indicate the highest subcontract value your firm wishes to be considered for:

Please Note: Contractor must be able to bond amount of contract considered below.

2. Name of Surety?

Bonding Agent:

Phone:

Address:

a. Maximum Bonding capacity for single job?

b. Total bonding capacity?

Do you have insurance? If yes please provide coverage type:

3. Total value of active Contracts?

4. Average (latest three years) yearly volume of work completed.

## SAFETY RECORD AND PROGRAM

2. Safety Program record for the Past 6 years if Applicable (Year and Number of Incidents)

3. Please, calculate incidence rate (I.R) for each year for each year record able and lost time accidents using the following formula:

$$\frac{N \times 200,000}{\text{Employee Hours Worked (given year)}} = \text{I.R.}$$

Show I.R.

4. Do you have a safety officer/department in your company?

5. Do you have a written safety program?

If the answer is yes, make program available for inspection upon request.

6. Do you have a drug and alcohol policy?

If the answer is yes, make program available for inspection upon request.

7. Do you have in place a safety orientation program for new employees?

If the answer is yes, make program available for inspection upon request.

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## Acknowledgements and Signatures

ALL INFORMATION SUBMITTED IS HELD IN STRICT CONFIDENCE. BY CLICKING IN THE BOX YOU HEREBY CERTIFY THAT ALL THE FOREGOING STATEMENTS CONTAINED HEREIN ARE TRUE AND CORRECT.

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AUTHORIZED SIGNATURE:

AUTHORIZED SIGNERS FULL NAME:

AUTHORIZED SIGNERS TITLE:

DATE:

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