



Subcontractor Form

Company Name:
Address:
City, State, Zip:
Phone:
Email:
Contact:
Company Owners/Officers:

Please check all that apply:

Division 1: General Requirements	
Division 2: Site Work	
Division 3: Concrete	
Division 4: Masonry	
Division 5: Metals	
Division 6: Woods & Plastics / Carpentry & Millwork	
Division 7: Thermal & Moisture Protection	
Division 8: Doors & Windows	
Division 9: Finishes	
Division 10: Specialties	
Division 11: Equipment	
Division 12: Furnishings	
Division 13: Special Construction	
Division 14: Conveying Systems	

Division 15: Mechanical	
Division 16: Electrical	
Division 17: Project Administration	

Do you travel nationally? _____

If not, what cities, radius / states will you work?

Ability to do night work? _____

Labor Type Union or Non Union? _____

How many years has your company been in business? _____

Ever been sued? _____

What Retail Store experience does your company have? (name some brands you have worked with):

What is your job size (minimum and maximum) limit on a project?

Minimum: _____ *Maximum:* _____

Provide us information about 2 of your latest (current) projects:

Project (with city & state) _____

General Contractor _____

Start Date: _____ Completion Date: _____

Contract Amount: _____

Project (with city & state) _____

General Contractor _____

Start Date: _____ Completion Date: _____

Contract Amount: _____

Please provide us with some contact information:

PROJECT MANAGERS

Project Manager Name	Phone Number	Email Address

ESTIMATORS

Estimator Name	Phone Number	Email Address

OFFICE & ACCOUNTING

Office Manager	Phone Number	Email Address
Accounting	Phone Number	Email Address

Email to: info@tomcorc.com