



KIRCO MANIX Construction, LLC

GENERAL INFORMATION

Name of Firm: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Main Telephone: _____ Toll Free (if any): _____

Fax No.: _____ Web Site Address: _____

MAIN CONSTRUCTION DIVISION (circle one): 2-Site Work 3-Concrete 4-Masonry 5-Metals
6-Woods & Plastics 7-Thermal & Moisture Protection 8-Doors/Windows/Hardware 9-Finishes 10-Specialties
11-Equipment 12-Furnishings 13-Special Construction 14-Conveying 15-Mechanical 16-Electrical

CONTACTS

Primary Contact: _____ Title: _____

Direct Phone: _____ Email: _____

Secondary Contact: _____ Title: _____

Direct Phone: _____ Email: _____

INSURANCE AND BONDING

Insurance Company: _____

Contact Name: _____ Phone: _____

Bonding Company: _____

Contact Name: _____ Phone: _____

REGIONS OF WORK

Michigan: Metro Detroit, MI _____ Metro Charlotte, NC _____

Other: _____

DIVISIONS OF WORK

CSI Divisions: _____

Descriptions/Comments: _____



TYPES OF WORK (check all that apply)

Office___ Retail___ Hotel___ Light Industrial___ Educational___ Hospital___

CERTIFICATIONS (Check all that apply):

TYPE OF LABOR

___ Open Shop ___ Union ___ National Union Agreement

___ Local Union Agreement ___ Prevailing Wage

Other Type Labor: _____

Union Information: _____

CLASSIFICATIONS: ___ WBE ___ SBE ___ MBE ___ State ___ DBE ___ Federal

___ VBE ___ Other: _____

LEGAL / FINANCING

TYPE OF BUSINESS

___ Proprietorship ___ Corporation ___ Partnership ___ Joint Venture

Years in Business: _____ Number of Employees: _____

Federal Tax ID No.: _____ D&B Number: _____

Incorporated in (State): _____

Licenses: (Provide type and registration number)

a) _____

b) _____

c) _____

Bank: _____

Contact Name: _____ Phone: _____

Litigation: _____

Principals: _____

Owner(s): _____

Subsidiaries: _____



WORK HISTORY

____% Work as GC ____% Work as Subcontractor ____% Work Subcontracted Out
____ Maximum Contract Value ____ Maximum Time Under Contract
____ Average Annual Work Value

SAFETY

Safety Program: Yes____ No____

Individual Responsible for Program: _____

Phone No.: _____

Lost Work Days Last Year:____ Fatalities Last Year:____

Average Lost Days Last 5 Years:____ Average Fatalities Last 5 Years:____

Incidents of Medical Treatment Last Year: _____

EXPERIENCE MODIFICATION RATE (EMR) – THREE YEARS:

Current Year:____ EMR:____

Previous Year:____ EMR:____

Previous Year:____ EMR:____

Safety Record Comments: _____

REFERENCES / PROJECT LIST

- 1) _____
- 2) _____
- 3) _____
- 4) _____

The undersigned hereby certifies that the information provided on this form accurately references the state of the organization:

Information Provided by: _____

Title: _____

Date: _____

KIRCO MANIX Construction, LLC use:

CSI No.: _____ Bldg. Type: _____ Date: _____

Region: _____ Prolog Entry By: _____