



# Orange County Construction

Setting Industry Standards for Customer Service

## Subcontractor Company Information Form

Company Name: \_\_\_\_\_ Years \_\_\_\_\_

Business Owners Full Name: Mr. Mrs. Miss. \_\_\_\_\_

Drivers Lic \_\_\_\_\_ SS# \_\_\_\_\_

### Business info:

Type of Contractor: \_\_\_\_\_ Lic. # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ CA, Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Email: \_\_\_\_\_ Pager: \_\_\_\_\_

Tax Id # \_\_\_\_\_ / circle one - Partnership - Sole Owner - Corp

Liability Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Worker Comp: \_\_\_\_\_ Policy # \_\_\_\_\_ Exp Date: \_\_\_\_\_

Number of employees \_\_\_\_\_ / Will you work on Saturday if needed? Yes - No

Do you have the resources to bring on more employees if needed for larger jobs? Yes - No

Have you personally or your business ever filled bankruptcy? Yes - No / if so, when \_\_\_\_\_

Have you ever had any disciplinary actions imposed on this or any prior licenses? Yes - No

Are you a convicted felon? Yes - No / If so, what is your crime? \_\_\_\_\_

If (Yes) please explain: \_\_\_\_\_

List all prior California State Contractors License Numbers \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Under penalty of perjury, I hereby declare that all information is current and accurate. By signing below you also give OCC permission to do any background checks, credit checks or contact references.

Sign here: \_\_\_\_\_ Date: \_\_\_\_\_ 2010

Please Note: Upon acceptance and verification of this information, and before you can work for OCC you will need to sign a Subcontractors contract along with supplying all pertinent documentation.