



Please return this form via mail, fax or email to:
estimating@palmisanollc.com
1730 Tchoupitoulas St, New Orleans, LA 70130
Phone: 504-620-8022 / Fax: 504-620-8027

Subcontractor Information Form

Attach Insurance Certificate and W-9

Company Name: _____ Estimating Contact Person: _____

Address: _____

E-Mail (All bid invitations sent by e-mail): _____

Phone: _____ Fax: _____

What type of work does your company do? List CSI Code(s): _____

Preferred Project Sizes (\$ Value): _____

Bonding Capabilities: _____

Insurance Limits: (Sample Insurance Certificate) _____

Louisiana State Contractors License Number: _____

Company is a _____ Small Business _____ Large Business

(log onto SBA.gov to determine if your business size classification based on type of business and revenue)

Special Company Certifications: (ex. Veteran, MBE, WBE etc.)

Agency Certification

_____ NAICS Code (if known) _____ Yearly Sales Volume _____ Number of Employees

Do you have a financial statement? _____

List EMR for the last 3 years:

Provide name, and contact of your company's bank: _____

List 3 Credit References: _____

List 3 Trade References: _____

What percentage of your work is derived from public bid general contracts: _____

Under 15NSC 645(d) I represent that the information provided and stipulated to for business structure is correct as defined by the Small Business Association.

Signature: _____ Date: _____

Title: _____