



Bluegrass Commercial Group, LLC
209 Vine Street, Wilder, KY 41076

859-781-0999
859-781-0709 FAX

www.bluegrasscommercial.com
amy@bluegrasscommercial.com

Subcontractor Qualifications

Thank you for your interest in working with Bluegrass Commercial Group, LLC. In order to enter you as a vendor we need the following information from you. Please provide all of the requested information and return this form to us at your earliest convenience.

We look forward to working with you:

Company Name: _____
Street or P.O. Box: _____
Mailing Address: _____
City/State/Zip: _____

Phone: _____
Fax: _____
Website: _____

Physical Address: _____
Street Address: _____
City/State/Zip: _____

Primary Contact: _____
Title: _____
Cell Phone: _____
Email: _____

Trade of Work You Perform:
Trade 1: _____
Trade 2: _____
Trade 3: _____
Trade 4: _____
Trade 5: _____

Estimating Contact: _____
Title: _____
Cell Phone: _____
Email: _____

Regions You Work In:
City 1: _____
City 2: _____
City 3: _____
City 4: _____
City 5: _____

Accounting Contact: _____
Title: _____
Cell Phone: _____
Email: _____

Other Contact: _____
Title: _____
Cell Phone: _____
Email: _____

Please provide a brief description of your company and the type of work you do:



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Form of Company: _____
(Corporation, LLC, Sole Proprietor, Partnership)
Year Established: _____
EIN No: _____
Bonding Limit: _____
EMR Rating: _____
Largest Project \$: _____
Employees Field: _____ Office: _____

Insurance Provider: _____
Contact: _____
Phone: _____
Email: _____
Bonding Provider: _____
Contact: _____
Phone: _____
Email: _____

What types of projects does your company perform? (Check all that apply)

Residential: _____ Commercial: _____ Industrial: _____ Institutional: _____ Healthcare: _____

What types of work does your company typically contract for? (Check all that apply)

Plans & Spec: _____ Design\Build: _____ Service & Maintenance Work: _____

Special Status: (Check all that apply) WBE _____ MBE _____ DBE _____ SBE _____

Is your company open shop or union? _____ Are you a member of ABC? _____

Have you received any OSHA citations in the past 5 years?_ _____
_____ Y _____ No if yes, provide details:

Bank Provider: _____
Contact: _____
Email: _____

Have you filed a lien in the past 5 Years? _____
_____ Y _____ N If yes, Provide details:

Trade Reference: _____
Contact: _____
Phone: _____
Email: _____

Have you been involved in a lawsuit in the past 5 Years? _____
_____ Y _____ N If yes, Provide details:

Trade Reference: _____
Contact: _____
Phone: _____
Email: _____

Annual volume:
Total annual sales volume: (\$) Current Year: _____
Approximate number of projects completed in previous year _____
Average contract size: (\$) _____

Trade Reference: _____
Contact: _____
Phone: _____
Email: _____

(1) Year Previous: _____ (2) Year Previous: _____
Largest Contract: (\$) _____



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Current Year annual sales breakdown by contract size:

Service and Other Work: \$ _____
Less than \$100,000: \$ _____
\$100,000 to \$500,000: \$ _____
Over \$500,000: \$ _____

Financial Information:

Bank: _____
Bank Contact Name: _____
Bank Contact Phone: _____
Current D & B Rating: _____

Insurance and Bonding:

Who is the contact at your office that handles your insurance? _____

Liability Insurance Carrier: _____

Local Agent Name: _____ Phone _____

What is the largest project you can bond? _____

Bonding Company: _____

Bonding Agent Name: _____ Phone: _____

Bond Rate: _____

The above information was completed by: Name: _____

(Type or Print)

Signature: _____

Please attach the following information to this form:

- Current Certificate of Liability Insurance.
- Current Workers' Comp. Insurance Certificate
- List of Current Project in Progress
(Include contract amount, percent complete, and a list of contacts and phone numbers)
- List of Projects Completed in the last Two Years
(Include contract amount, percent complete, and a list of contacts and phone numbers)
- List of References
- W-9

Please return this form and attachments to:

Bluegrass Commercial Group, LLC
Accounting Department
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