

General Company Information (Please Type or Print Clearly)

| | | | | | | |
|--|---|-----------|--------------------|--|---|--|
| Project Name <i>(if applicable)</i> : | | | | | | |
| Company Name: | | | | | | |
| Street Address: | | | | | | |
| City: | | | State: | | Zip Code: | |
| Telephone: | | | Contact Email: | | | |
| Federal Tax ID: | | | Federal CAGE Code: | | DUNS Number: | |
| Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other: | | | | | Date Company Formed: | |
| Primary Business Service: | | | | | Union: <input type="checkbox"/> Non-Union: <input type="checkbox"/> | |
| Primary NAICS Code (www.census.gov/eos/www/naics): | | | | | | |
| Primary CSI/UFGS #: | | | ISNetworld #: | | State(s) Registered: | |
| Company Metrics | | | | 2017 | 2016 | 2015 |
| a) Revenue (\$ Million) | | | | | | |
| b) Average Number of Employees | | | | | | |
| c) Total Work Hours | | | | | | |
| d) Experience Modification Rate (EMR) | | | | | | |
| e) Days Away Restrictions & Transfers (DART) | | | | | | |
| f) OSHA/Total Recordable Incident Rate (ORIR/TRIR) | | | | | | |
| g) Business Citations - <i>if yes, attach supporting information</i> | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| h) Fatalities – <i>if yes, attach supporting information</i> | | | | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> Yes |
| Insurance Coverage (\$ Million) | | | | Bonding Limits (\$ Million) | | |
| Auto | General | Pollution | Workers Comp | Single | Aggregate | Available |
| | | | | | | |
| Business Size Classifications: Check all that apply | | | | | | |
| <input type="checkbox"/> Small Business | | | | <input type="checkbox"/> Large Business | | |
| <input type="checkbox"/> | SDB - Small Disadvantaged Business (Including Alaskan Native, Native Hawaiian or Native American) | | | | | |
| <input type="checkbox"/> | WOSB – Women Owned Small Business | | | | | |
| <input type="checkbox"/> | HUBZone – SBA Historically Underutilized Business Zone | | | | | |
| <input type="checkbox"/> | VOSB - Veteran Owned Small Business | | | | | |
| <input type="checkbox"/> | SDVOSB - Service Disabled Veteran Owned Small Business | | | | | |
| <input type="checkbox"/> | Other Diverse or State-specific Certifications <i>(If checked, attach supporting information)</i> | | | | | |
| Signature of Authorized Company Representative - I certify under penalty of perjury that the foregoing is true and correct. | | | | | | |
| Signature: | | | | | | |
| Typed/Printed Name: | | | | Email: | | |
| Title: | | | | Date: | | |

 Return signed form to Lisa Arseneault at Charter via email: larseneault@charter.us or via fax: 857-246-6885