

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 #:		Avetta #:		State(s) Registered:	
Company Metrics				2020	2019	2018	
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