

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				2021	2020	2019
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