

**General Company Information (Please Type or Print Clearly)**

Project Name (if applicable):							
Company Name:							
Street Address:							
City:					State:		Zip Code:
Telephone:				Contact Email:			
Federal Tax ID:				Federal CAGE Code:		Unique Entity ID:	
Type of Company: <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Other:						Date Company Formed:	
Primary Service/Supply:						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				2024		2023	
				2022			
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	
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	
Insurance Coverage (\$ Million)				Bonding Limits (\$ Million)			
Auto		General		Pollution		Workers Comp	
Umbrella		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:			

Please return the completed and signed form to Lisa Arseneault at Charter via email: larseneault@charter.us

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