



PALISADE
BUILDERS, INC.

CAMPBELL, CA | 408.429.7700 | CA LIC. 838046

Business Information:

Company Name:
 Address:
 City/State/Zip:
 Telephone/Fax:
 E-mail:
 Primary Contact/Title:
 Type of Company: Subcontractor Supplier Other
 Date Established:
 License No:
 Union Affiliation:
 Types of Projects: Multifamily Healthcare Industrial Single Family Public Works Retail Other

Please list the categories or CSI divisions of work your company performs:

Geographic Area & Limitations:

Typical Project Size: < \$100k \$100k-\$250k \$250k-\$500k \$500k-\$1mm \$1mm+

Max Capacity/Manpower: Units: Project size:

Business Classification:

Is this company a disadvantaged enterprise? Yes No

Type: Minority Owned Woman Owned Veteran Owned Small Business Other

Please list the agencies certifying you for each category and the expiration date:

Minority Type:	<input type="text"/>	Expiration:	<input type="text"/>
Minority Type:	<input type="text"/>	Expiration:	<input type="text"/>
Minority Type:	<input type="text"/>	Expiration:	<input type="text"/>

Financial Information:

Name of Bank:
 Address:
 City/State/Zip:
 Telephone/Fax:
 E-mail:
 Contact:
 Amount of Line of Credit:
 Company Dun & Bradstreet #:

Bonding Information:

Bonding Company:
 Address:
 City/State/Zip:



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Telephone/Fax:

E-mail:

Contact:

Bonding Company A.M. Best Rating:

Bonding Capacity:

Largest Bonded Project:

Current Volume of Bonded Work:

Legal Information:

Is your company or any of its owners/officers/partners currently involved in any litigation, mediation, arbitration, prosecution, or defense of formal claims in connection with any contract, or has it been asked to post collateral against a loss?

Yes

No

If Yes, please provide a detailed explanation below:

Legal Information (continued):

Has your company or any affiliated company or any of its principals ever petitioned for bankruptcy, failed in business, closed a business, defaulted, or failed to complete on a contract, or has it been asked to post collateral against a loss?

Yes

No

If Yes, please provide a detailed explanation below:

Safety:

Please list your company's Experience Modifier Rating for the past three years:

Year/EMR: 20XX 20XX 20XX

Has your company received an OSHA citation within the past three years?

Yes

No

If yes, please list the number of citations in the last three years and describe:

Does your company have a written safety plan?

Yes

No



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Does your company comply with the Drug Free Work Act?

Yes

No

Project References (Please list 2 reference projects) :

Project Name:

Location:

Client/Owner:

Architect/Engineer:

Contract Amount:

Completion (planned) Date:

General Contractor:

GC Contact Name/Phone:

GC Contact E-mail:

Please describe work performed:

Project Name:

Location:

Client/Owner:

Architect/Engineer:

Contract Amount:

Completion (planned) Date:

General Contractor:

GC Contact Name/Phone:

GC Contact E-mail:

Please describe work performed:

Sub-Subcontractor/Supplier References (please list 2 of your major sub-sub/suppliers) :

Name:

Contact:

Phone:

E-mail:

Name:

Contact:

Phone:

E-mail:

Bank References:

Name of Bank:

Contact:

Phone:

E-mail:



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Name of Bank:
Contact:
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E-mail:

Required Attachments:

Please provide the following:

1. OSHA logs for the most recent three years and current year to date.
2. Verification of EMR from your insurance carrier.
3. Financial statements may be requested at a later date or may be submitted voluntarily with this form.

I hereby certify that the information submitted herewith, including any attachments, is true and sufficiently complete so as not to be misleading.

Completed by: _____ Signature: _____

Title: _____ Date: _____

Please mail this sheet with all attachments to: bridgets@palisadebuilders.com