



SUBCONTRACTOR UPDATE FORM

GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Website: _____

What divisions of work do you perform? **(Please check main trades only)**

- | | | |
|---|---|---|
| <input type="checkbox"/> 01450 Testing & Inspection Services | <input type="checkbox"/> 01742 Post-Construction Cleaning | <input type="checkbox"/> 01903 Hazardous Material Abatement |
| <input type="checkbox"/> 02100 Site Remediation | <input type="checkbox"/> 02225 Demolition | <input type="checkbox"/> 02300 Earthwork |
| <input type="checkbox"/> 02360 Soil Treatment | <input type="checkbox"/> 02500 Utility Services | <input type="checkbox"/> 02700 Paving |
| <input type="checkbox"/> 02740 Asphalt Pavement | <input type="checkbox"/> 02770 Curb and Gutters | <input type="checkbox"/> 02780 Pavers |
| <input type="checkbox"/> 02810 Irrigations System | <input type="checkbox"/> 02820 Fences and Gates | <input type="checkbox"/> 02900 Landscape |
| <input type="checkbox"/> 03210 Cast-In-Place Concrete | <input type="checkbox"/> 03351 Concrete Polishing | <input type="checkbox"/> 03400 Precast Concrete |
| <input type="checkbox"/> 03530 Concrete Topping | <input type="checkbox"/> 03800 Concrete Cutting | <input type="checkbox"/> 04800 Masonry Assemblies |
| <input type="checkbox"/> 04900 Masonry Cleaning & Restoration | <input type="checkbox"/> 05100 Structural Metal | <input type="checkbox"/> 05500 Misc. Metal Fabrication |
| <input type="checkbox"/> 06100 Rough Carpentry | <input type="checkbox"/> 06220 Millwork | <input type="checkbox"/> 06600 Plastic Fabrication |
| <input type="checkbox"/> 07100 Damp Proofing & Waterproofing | <input type="checkbox"/> 07240 EIFS | <input type="checkbox"/> 07410 Metal Roof & Wall Panel |
| <input type="checkbox"/> 07500 Membrane Roofing | <input type="checkbox"/> 07600 Flashing & Sheet Metal | <input type="checkbox"/> 08100 Door/Frame/Hardware |
| <input type="checkbox"/> 08300 Specialty Door | <input type="checkbox"/> 08360 Overhead Door | <input type="checkbox"/> 08400 Entrances & Storefronts |
| <input type="checkbox"/> 08800 Glazing | <input type="checkbox"/> 09260 Gypsum Board Assemblies | <input type="checkbox"/> 09290 Taping |
| <input type="checkbox"/> 09310 Ceramic Tile | <input type="checkbox"/> 09400 Terrazzo | <input type="checkbox"/> 09510 Acoustical Ceiling |
| <input type="checkbox"/> 09600 Flooring | <input type="checkbox"/> 09630 Marble Floor | <input type="checkbox"/> 09670 Epoxy |
| <input type="checkbox"/> 09900 Paints & Coatings | <input type="checkbox"/> 09950 Electrostatic Paint | <input type="checkbox"/> 10300 Fireplaces, Stoves & Mantels |
| <input type="checkbox"/> 10400 Identification Devices | <input type="checkbox"/> 10530 Awnings | <input type="checkbox"/> 10600 Partitions |
| <input type="checkbox"/> 10650 Operable Partition | <input type="checkbox"/> 10810 Toilet Accessories | <input type="checkbox"/> 11160 Loading Dock Equipment |
| <input type="checkbox"/> 12490 Window Treatment | <input type="checkbox"/> 13700 Security | <input type="checkbox"/> 13850 Fire Alarm |
| <input type="checkbox"/> 13900 Fire Suppression | <input type="checkbox"/> 14200 Elevator | <input type="checkbox"/> 14300 Escalators & Moving Walk |
| <input type="checkbox"/> 15100 Plumbing | <input type="checkbox"/> 15300 Sprinkler | <input type="checkbox"/> 15700 HVAC |
| <input type="checkbox"/> 15900 HVAC Controls | <input type="checkbox"/> 15950 Testing & Balancing | <input type="checkbox"/> 16100 Electrical |
| <input type="checkbox"/> 16700 Communications | <input type="checkbox"/> 16800 Sound & Video | |

Is your firm a Minority Certified Business? Yes No

Type of Certification: MBE WBE DDE SBE

Method of Operation:

Union Non-Union

CONTACTS

Principals/Officers:

Name	Title	Contact Number	Email (<i>Not required</i>)

Estimating Contact: This person will be sent Victor’s ITBs when issued

Name: _____ Phone: _____

Email: _____

Cc (Additional Emails for ITB): _____

Project Manager Contact(s):

Name: _____ Phone: _____

Email: _____

Cc (Additional Emails): _____

Administrative Contact: Office Manager or anyone who assists the PM and handles documents like contracts, insurance, submittals, close-out documents, etc.

Name: _____ Phone: _____

Email: _____

Accounting Contact: Contact who will handle pay applications.

Name: _____ Phone: _____

Email: _____

Safety Contact:

Name: _____ Phone: _____

Email: _____

INSURANCE

Insurance Requirements:

The Subcontractor shall purchase and maintain insurance of the following types of coverage, liability and limits written by insurance companies with an A.M. Best Rating of A8:

Type of Insurance	Limits of Liability
General Liability	\$1,000,000
Automobile Liability	\$1,000,000
Umbrella Liability	\$1,000,000
Workers Compensation	\$1,000,000

Can your firm meet the minimum requirements: Yes No

If no, please explain:

ATTACHMENTS

You will need to submit a copy of the following:

Sample COI: Attached

Information submitted by:

Name: _____

Title: _____

Phone: _____

Signature: _____

Date: _____

Please Return Completed Form To:

Lauren Davies

Victor Construction Co., Inc.

(847) 392-6900 x18

(847) 392-00769

ldavies@victorconstruction.com