



Please return this form via mail, fax or email to:
 Lisa LaCombe Estimating Administrator
 5736 Citrus Blvd., Ste 200, Harahan, LA 70123
 Phone: 504.733.4336 / Fax: 504.734.0389 / llacombe@gibbsconstruction.com

SUBCONTRACTOR INFORMATION FORM

Company Name: _____ Contact Person: _____

Address: _____

E-Mail (All bid invitations sent by e-mail): _____

Phone: _____ Fax: _____

What type of work does your company do? List CSI Code(s): _____

Preferred Project Sizes (\$ Value): _____

Bonding Capabilities: _____

Insurance Limits: (Sample Insurance Certificate) _____

Louisiana State Contractors License Number: _____

Company Classification and Certifications: (check all that apply)

- | | |
|--|---|
| <input type="checkbox"/> Small Business
<input type="checkbox"/> 8a Small Business
<input type="checkbox"/> Hub Zone
<input type="checkbox"/> Minority Owned Business Enterprise
<input type="checkbox"/> Disadvantaged Business Enterprise
<input type="checkbox"/> Woman Owned Business Enterprise
<input type="checkbox"/> Veteran Owned Small Business
<input type="checkbox"/> Disabled Veteran Owned Small Business
<input type="checkbox"/> Native American/Eskimo Owned Small Business
<input type="checkbox"/> Section 3 | <u>Local, State and Federal Certifying Agency</u>
(HANO, DOTD, N.O. Airport, etc.)

_____ |
|--|---|

_____ NAICS Code (if known) _____ Yearly Sales Volume _____ Number of Employees

Do you have a financial statement? _____

Provide name, address and contact of your company's bank: _____

List 3 Credit References: _____

List 3 Trade References: _____

Under 15NSC 645(d) I represent that the information provided and stipulated to for business structure is correct as defined by the Small Business Association.

Signature: _____ Date: _____

Title: _____