



PLEASE RETURN COMPLETED FOR TO |

TABITHA GUIDRY Safety/Insurance Administrator
5736 Citrus Boulevard, Suite 200 | Harahan | LA 70123
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SUBCONTRACTOR INFORMATION FORM

Company Name | _____ Contact Name | _____

Address | _____

Email (All bid invitations sent via email) | _____

Phone | _____ Fax | _____

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

Preferred Project Size (\$ Value) | _____

Bonding Capabilities | _____

Insurance Limits (Sample Insurance Certificate) | _____

Louisiana State Contractors License Number | _____

Company Classification & Certifications |
check all that apply

Local, State & Federal Certifying Agency
(HANO - DOTD - N.O. Airport, etc.)

- Small Business
- 8a Small Business
- Hub Zone
- Minority Owned Business Enterprise
- Disadvantaged Business Enterprise
- Woman Owned Business Enterprise
- Veteran Owned Small Business
- Disabled Veteran Owned Small Business
- Native American/Eskimo Owned Small Business
- Section 3

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

Do you have a financial statement | _____

Provide name, address & 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 | _____