

Subcontractor/Vendor Information Form

Please complete the form below and email to bids@mccroryconstruction.com.

Business name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Office Telephone number: _____

Federal Taxpayer ID number: _____ Company Website: _____

Estimating Contact name: _____

Telephone number: _____ E-mail address: _____

Principal trade or specialty: _____

Geographic area you can service: _____

Market Sector: Multi-Family/Grocery/Commercial/General Retail/Industrial/Design-Build:

EXPERIENCE MODIFICATION RATE (EMR)

List corporate Worker's Compensation Experience Modification Rate: _____

BONDING INFORMATION (Only required for contracts in excess of \$200,000)

Bonding Agent and Agency: _____

Bonding Company: _____

Bond Rate: _____%

Bonding Capacity: _____

Please review McCrory's Insurance Requirements with your insurance Agent prior to submitting this form