

Subcontractor Application Form

Contact Information

Company Name: _____

Address: _____

Contact Name: _____

Phone: _____ Fax Number: _____

Cell: _____ E-mail: _____

Business Description

Type of Work: _____

Business Status (choose one of the following)

- Small Disadvantaged Business
- Veteran Small Business
- Women Owned Small Business
- HUBZone Small Business
- Other: _____

List the last 3 projects that are in progress or completed. Provide a detailed description.

Equipment Fleet & Description

List the type of equipment that is owned and provide a description for each type, if available.

Can you meet the following qualifications?

- Ability to obtain General Liability
- Ability to obtain Aggregate
- Ability to obtain Auto Insurance Requirements
- Ability to obtain Workers Comp
- Ability to obtain Bonding

Mail to:

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