

Subcontractor Information Form

Looking to subcontract for AES? Please fill out this form and click submit at the bottom. If your browser doesn't support the form, fill it out and save it onto your computer. Then send it as an attachment to: aes@asplundh.com.

Section 1 — Contact Information

Company Name:		
Address:		
City:		
State:		
Zip Code:		
Principal Contact:		
Office #:		
Mobile #:		
Fax #:		
E-mail:		
Company Web Site:		
Section 2 —	– Company Background	
Industry Work Performed:		
States and Geographical Locations: (Please check only states/regions where you are able to perform work)	□AL □AR □FL □GA □IN □KS □LA □MD □MS □MO □NC □SC □TN □TX □VA □WV	
Available Inventory of Equipment and Personnel: (Please attach a complete description and quantity of each item available)		
Business' or Proprietor's Social Economic Status: (Please check appropriate status; list SBA and/or MOB, including certificate number and national origin)	□ Small Business □ Large Business □ Veteran-Owned Small Business □ Small Disadvantaged Business □ Hub Zone Small Business □ Woman-Owned Small Business	
Certificate Number(s): (List all certificate #s)		
Has your company ever leased employees (temporary) or hired employees (permanent) through an agency?	□ Yes □ No	
Number of Employees:		
Years in Business:		
Banking Reference Name: (Ph # and contact)		
Bonding Reference Name: (Ph # and contact)		
Section 3 –	 Insurance Information 	
order to comply with the Indust	to hold a minimum amount of insurance coverage in try Standard. Please check off the appropriate box surance you and your organization currently holds.	
General Liability 1,000,000		
General Liability Aggregate 2,000,000		
General Liability Carrier		

GL Amount		
Auto Liability 1,000,000		
Auto Carrier		
Amount:		
Workers' Compensation Statutory		
If no, then amount:		
Workers' Compensation Carrier Amount:		
Excess Liability Carrier Amount:		
Experience Modifier Incident Rate:		
Can you finance work up to 45 days?	□ Yes	□No
Have your worked with us before?	☐ Yes	□No
If so, when and where?		
Section 4 — Sub Have you had an disputes within the last three years with a client or contractor in which either	ocontra □ Yes	actor Information Form □ No
arbitration or litigation was initiated?		
If yes, please explain in detail:		
This form	has be	een completed by:
Name:		
Title:		
Date:		
Officer and/or Owner:		
Date:		
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