



Subcontractor Information Form

FMHC Corporation - 8600 West Bryn Mawr Avenue, Suite 600, North Tower - Chicago, Illinois 60631

GENERAL INFORMATION

PROVIDE FULL LEGAL ENTITY NAME:			
PROVIDE FEDERAL TAX ID:		PROVIDE DUNS #:	(required)
CHECK SUBCONTRACTOR TYPE:	CORPORATE STATUS:		
<input type="checkbox"/> A&E <input type="checkbox"/> General Contractor <input type="checkbox"/> Other _____ States Subcontractor intends to provide services in: _____ Last Year's Total Telecom Revenue: _____	<input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited Liability Company <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Other _____ State and Date of Formation _____ State of Business HQ _____ Years Providing Telecom Industry Services _____		

LOCATION INFORMATION

BUSINESS ADDRESS	REMITTANCE ADDRESS (IF DIFFERENT FROM BUSINESS ADDRESS)

CONTACT INFORMATION FOR PERSON AUTHORIZED TO NEGOTIATE THE SUBCONTRACT AGREEMENT

PREFIX	LAST	FIRST	MI	TITLE
PHONE	EXT.	E-MAIL	PAGER	CELL
MAIN OFFICE PHONE	ALTERNATE PHONE		FAX	

CLASSIFICATION

BUSINESS CLASSIFICATION (SEE WWW.SBA.GOV FOR DEFINITIONS): <input type="checkbox"/> Small Business <input type="checkbox"/> Large Business <input type="checkbox"/> Woman Owned <input type="checkbox"/> Small Disadvantaged Business: Expires ___/___/___ <input type="checkbox"/> Veteran Owned <input type="checkbox"/> Disabled Veteran Owned <input type="checkbox"/> HUBzone <input type="checkbox"/> 8(a) Certification # _____ Expires ___/___/___	MINORITY CLASSIFICATION: <input type="checkbox"/> African American Owned <input type="checkbox"/> Asian-Indian American Owned <input type="checkbox"/> Asian-Pacific American Owned <input type="checkbox"/> Hispanic American Owned <input type="checkbox"/> Native American Owned <input type="checkbox"/> Other _____
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QUALITY ASSURANCE PROGRAMS: <input type="checkbox"/> ISO 9000 Qualified <input type="checkbox"/> Other QA/QC Program	Do you actively enforce policies and procedures for substance abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____ NAICS AND SIC CODE(S) LIST ALL THAT APPLY:
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SAFETY INFORMATION

DO YOU ENFORCE A WRITTEN HEALTH AND SAFETY PROGRAM? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please explain: _____	WHAT IS YOUR EMR? Last Year _____ 2 Years Ago _____
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BANKING INFORMATION

BANK ADDRESS AND PHONE NUMBER	DO YOU HAVE A LINE OF CREDIT? <input type="checkbox"/> Yes – Line Maximum _____ <input type="checkbox"/> No If Yes, what is the balance (if any): _____
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BONDING INFORMATION

SURETY ADDRESS AND PHONE NUMBER	DO YOU HAVE BONDING CAPACITY? <input type="checkbox"/> Yes – Line Maximum _____ <input type="checkbox"/> No If Yes, what is the balance (if any): _____
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OWNERSHIP

LIST THE NAMES AND PERCENTAGE OF OWNERSHIP INTEREST OF ANY OWNER HAVING A MAJORITY OR CONTROLLING INTEREST IN THE BUSINESS:

MANAGEMENT

LIST THE NAMES AND TITLES OF ALL MANAGERS (I.E. CEO, CFO, COO, PRESIDENT AND VICE PRESIDENTS):

BANKRUPTCIES AND LAWSUITS

LIST THE DATE AND A BRIEF DESCRIPTION OF THE EVENTS SURROUNDING ANY BANKRUPTCY OR LAWSUIT INVOLVING THE BUSINESS IN THE LAST THREE YEARS:

CUSTOMER REFERENCES

PROVIDE THREE (NAME, ADDRESS, CONTACT PERSON AND TELEPHONE NUMBER):

CERTIFICATION**BY SIGNING BELOW, YOU ARE CERTIFYING THAT TO THE BEST OF YOUR KNOWLEDGE THE PROVIDED INFORMATION IS CORRECT AND YOU HAVE THE LEGAL AUTHORITY TO SIGN ON BEHALF OF THE COMPANY**

SIGN AND PRINT NAME

TITLE

DATE

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