



Construction Job Profile

JOB NAME & LOCATION:

Job Name:		
Street Address:		Suite:
City:	State:	Zip:
Job Start date:	Scheduled Completion Date:	

GENERAL CONTRACTOR INFORMATION:

General Contractor Name:		AP Contact:	
Street Address:			Suite:
City:	State:	Zip:	
Email:	Phone#:		

PROJECT MANAGER:

Project Manager Name:		
Office Phone#:	Cell Phone#:	Email:

OWNER INFORMATION:

Owner Name:	
Phone#:	Email:

JOB DESCRIPTION:



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PAYROLL AND BONDING INFORMATION:

Is Project Public or Private Public Private
 (If Public Please Select: Federal State
 Is Certified Payroll Required on this job Yes No
 Company Name: _____ Contact Name: _____ Phone#: _____

Is Project Bonded? Yes No
 Are you Required to be Bonded? Yes No
 Bonding Company: _____
 Contact Person: _____ Phone#: _____

Name of Insurance Agency: _____
 Contact Name: _____ Phone#: _____

Is this a Union Job? Yes No
 Union Name: _____ Union Rep: _____ Phone#: _____

Has a Preliminary Notice been filed? Yes No
 By Whom? _____

Is there Retainage on this Job? Yes No
 If Yes, Retainage Amount? _____ %

ADDITIONAL INFORMATION REQUIRED:

Please furnish the below listed information together with the completed application form.

- 1 Please complete and sign this application. You may fax or email it.
- 2 Fully Executed Construction Agreement with all attachments and exhibits.
- 3 Copy of insurance Certificate.
- 4 Copy of Certified Payroll
- 5 Copy of Preliminary Notice
- 6 Copy of Bond



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LIST ALL SUPPLIERS AND SUBS (use additional pages if necessary):

Company:		Contact:
Street Address:		Phone:
City:	State:	Zip:
Total Contract/ Estimate: \$	Email:	Account #:

Company:		Contact:
Street Address:		Phone:
City:	State:	Zip:
Total Contract/ Estimate: \$	Email:	Account #:

Company:		Contact:
Street Address:		Phone:
City:	State:	Zip:
Total Contract/ Estimate: \$	Email:	Account #:

Company:		Contact:
Street Address:		Phone:
City:	State:	Zip:
Total Contract/ Estimate: \$	Email:	Account #:

Company:		Contact:
Street Address:		Phone:
City:	State:	Zip:
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BILLING REQUIREMENTS:

CONTRACT INFORMATION:

TOTAL CONTRACT AMOUNT:	\$
Supplier/Sub/Vendor #1-	\$
Supplier/Sub/Vendor #2-	\$
Supplier/Sub/Vendor #3-	\$
Supplier/Sub/Vendor #4-	\$
Supplier/Sub/Vendor #5-	\$
Supplier/Sub/Vendor #6-	\$
TOTAL DUE SUPPLIER/SUBS/VENDORS:	\$
ESTIMATED PAYROLL EXPENSE:	\$
TOTAL ESTIMATED JOB COST:	\$
ESTIMATED GROSS PROFIT:	\$

SIGNATURE:

The undersigned agrees that the information provided in this Construction Job Profile is deemed complete, accurate and truthful.

Signature: _____ Title: _____ Date: _____

Name: _____