



DVBE/SDVOSB/SDV INSURANCE PROGRAM



CONTRACTOR PROFILE

MASTER POLICY HOLDS NAME: _____

RFP NUMBER: _____

CONTRACTORS NAME: _____

ADDRESS: _____ CITY: _____

ZIP CODE: _____ STATE: _____

PHONE NUMBER: _____ FAX NUMBER: _____

CONTRACTORS LICENSE NUMBER: _____ CLASS: _____

YEARS IN TRADE: _____ YEARS IN BUSINESS: _____

HAVE YOU FILED BANKRUPICY IN THE LAST 7 YEARS: YES NO

IF BID IS OVER \$ 1,000,000.00 ATTACH FINANICAL.

IF YOU'RE A CORP ATTACH PERSONAL AND CORP. FINANCIALS

IF PARTNERSHIP EACH PARTNERS FINANCIAL

NAME OF PRESENT LIABILITY CARRIER IF ANY; _____

POLICY NUMBER: _____

EFFECTIVE DATE: _____

ATTACH 3 YEARS CARRIER LOSS RUNS.