



# EMERGENCY POWER SOLUTIONS, INC.

## SUBCONTRACTOR QUALIFICATION CHECKLIST

The following information is required by Emergency Power Solutions, Inc. in order to enter into a Contract Agreement:

- Subcontractor's information form
- Current W-9
- Copy of your State Contractor's License
- Business Licenses
- Safety Manual (if applicable)
- Certificates of Insurance evidencing your coverage for:
  - General Liability
  - Worker's Compensation
  - Auto Liability

The timely return of this information will enable us to move forward in developing our business relationship. Please contact Emergency Power Solutions, Inc. if you have any questions, or do not choose to fill out the Subcontractor's information form.

Return only if this packet contains **ALL** the required information.

Thank you,

**Emergency Power Solutions, Inc.**

Physical: 1513 N. Chester St

Mailing: PO Box 2373

Gastonia, NC 28052

Phone: 704-691-4198



# EMERGENCY POWER SOLUTIONS, INC.

## SUBCONTRACTOR INFORMATION FORM

Please complete this form with as much detail as possible to provide us with as much information needed to enter into a Subcontractor contract with Emergency Power Solutions, Inc.

Company's Full Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Contractor's License Number & State: \_\_\_\_\_

**Note: Please attach a copy of your State Contractor's License to this form**

Classification: \_\_\_\_\_ Federal Tax ID #: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

How long has your Company been in business? \_\_\_\_\_ Years

What, if any, are your Contract Limitations: \$ \_\_\_\_\_

Is your Company incorporated? \_\_\_\_\_ In what state? \_\_\_\_\_ Incorporated in what year? \_\_\_\_\_

Names and Addresses of Officers (attach additional sheets if necessary):

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_

If not incorporated, is your company a Sole Proprietorship? \_\_\_\_\_ Social Security #: \_\_\_\_\_

If a Partnership, please name partners:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

SSN: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Bank: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Name of Financial Institution: \_\_\_\_\_

**As part of any possible negotiation and prior to the potential execution of any subcontract agreement with your firm, we will at that time request specific financial information that we can verify to satisfy our due diligence requirements.**

General Liability Insurance Carrier: \_\_\_\_\_

Insurance Agent Name #: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Auto Insurance Carrier: \_\_\_\_\_

Insurance Agent Name #: \_\_\_\_\_ Phone: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Worker's Compensation Insurance Carrier: \_\_\_\_\_

Insurance Agent Phone #: \_\_\_\_\_ Effective State: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Name of Insured: \_\_\_\_\_

Account #: \_\_\_\_\_ Does your company have Professional Liability Insurance? \_\_\_\_\_

Main Suppliers (attach additional sheets if necessary):

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company Contact information:

Project Manager: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Accounts Payables: \_\_\_\_\_ Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Company volume for the past 3 years: \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_ \$ \_\_\_\_\_ 20\_\_

List significant projects completed in the last 3 years (attach additional sheets if necessary):

Project Location	Size \$	Completion Date	Contact Phone #

Business License (if applicable) geographical location pertaining to Emergency Power Solutions, Inc. project:

**Note: Please attached a copy of Business License**

County or Municipality	License Number	Expiration Date

List 4 General Building Contractor references with their contact information:

**Please attach copies of any letters of recommendation**

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Company: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

Number of employees: \_\_\_\_\_

Does your company have a Safety Program? \_\_\_\_\_ **Note: Please attach a copy of Safety Program**

I hereby certify that \_\_\_\_\_ currently has a written Safety Program  
(Company Name)

Signed by: \_\_\_\_\_ Notarized by: \_\_\_\_\_

Name (print): \_\_\_\_\_ Name (print): \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_

(seal)

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Please either mail this packet to: **Emergency Power Solutions, Inc.**  
PO BOX 2373  
Gastonia, NC 28052

Or email this packet to: [patcy@emergencypowersolutionsinc.com](mailto:patcy@emergencypowersolutionsinc.com)

To the best of my knowledge, the information provided on this form, including attachments, is accurate.

Signed: \_\_\_\_\_ Title: \_\_\_\_\_

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_