



PLEASE RETURN COMPLETED FOR TO |

EMILY KELLER

Preconstruction Coordinator

5736 Citrus Boulevard, Suite 200 | New Orleans, LA | 70123  
O.504.733.4336 | F.504.734.0389 | ekeller@gibbsconstruction.com

SUBCONTRACTOR INFORMATION FORM

Company Name | \_\_\_\_\_ Contact Name | \_\_\_\_\_

Address | \_\_\_\_\_

Email (All bid invitations sent via email) | \_\_\_\_\_

Phone | \_\_\_\_\_ Fax | \_\_\_\_\_

What type of work does your company do? List CSI Code(s) | \_\_\_\_\_

Preferred Project Size (\$ Value) | \_\_\_\_\_

Bonding Capabilities | \_\_\_\_\_

Insurance Limits (Sample Insurance Certificate) | \_\_\_\_\_

Louisiana State Contractors License Number | \_\_\_\_\_

Company Classification & Certifications |

*check all that apply*

Local, State & Federal Certifying Agency

(HANO - DOTD - N.O. Airport, etc.)

Small Business \_\_\_\_\_

8a Small Business \_\_\_\_\_

Hub Zone \_\_\_\_\_

Minority Owned Business Enterprise \_\_\_\_\_

Disadvantaged Business Enterprise \_\_\_\_\_

Woman Owned Business Enterprise \_\_\_\_\_

Veteran Owned Small Business \_\_\_\_\_

Disabled Veteran Owned Small Business \_\_\_\_\_

Native American/Eskimo Owned Small Business \_\_\_\_\_

Section 3 \_\_\_\_\_

\_\_\_\_\_ NAICS Code (if known) \_\_\_\_\_ Yearly Sales Volume \_\_\_\_\_ Number of Employees

Do you have a financial statement | \_\_\_\_\_

Provide name, address & contact of your company's bank | \_\_\_\_\_

List 3 Credit References | \_\_\_\_\_

List 3 Trade References | \_\_\_\_\_

Under 15NSC 645(d) I represent that the information provided and stipulated to for business structure is correct as defined by the Small Business Association.

Signature | \_\_\_\_\_ Date | \_\_\_\_\_

Title | \_\_\_\_\_