



## Subcontractor | Supplier Profile Form

PLEASE COMPLETE FORM IN ITS ENTIRETY

### GENERAL INFORMATION

Company Name:				Date Submitted:	
Mailing Address: (street)		(city)	(state)	(zip)	
Physical Address: (street) <input type="checkbox"/> Same as above		(city)	(state)	(zip)	
Telephone:	Fax:	Website:	Year Established:	Type of Company:	
Insurance: *Please attach a current certificate of insurance showing GL, WC, Auto and Umbrella limitations.					
Licenses: Please list any professional License(s) your company may hold					

### COMPANY CONTACTS (TO RECEIVE ITB S & BIDDING NOTIFICATIONS)

Name:	Title	Telephone:	Email:

### SCOPE OF WORK / MATERIALS

<input type="checkbox"/> Asbestos Removal	<input type="checkbox"/> Drywall	<input type="checkbox"/> Window Treatments	<input type="checkbox"/> Site Work
<input type="checkbox"/> Demolition	<input type="checkbox"/> Flooring	<input type="checkbox"/> Casework / Countertops	<input type="checkbox"/> Paving
<input type="checkbox"/> Concrete	<input type="checkbox"/> Acoustical Ceilings	<input type="checkbox"/> Elevators / Lifts	<input type="checkbox"/> Fences/Gate
<input type="checkbox"/> Masonry	<input type="checkbox"/> Painting	<input type="checkbox"/> Sprinkler	<input type="checkbox"/> Landscaping
<input type="checkbox"/> Structural Steel	<input type="checkbox"/> Signage	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Utilities
<input type="checkbox"/> Carpentry / Millwork	<input type="checkbox"/> Interior Specialties: _____	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Roofing / Siding / Wall Panels	<input type="checkbox"/> Lockers	<input type="checkbox"/> Electrical	<input type="checkbox"/> SUPPLIER
<input type="checkbox"/> Waterproofing / Caulking	<input type="checkbox"/> Exterior Specialties: _____	<input type="checkbox"/> Communications	<input type="checkbox"/> MANUFACTURER
<input type="checkbox"/> Doors / Hardware	<input type="checkbox"/> Equipment: _____	<input type="checkbox"/> Fire Alarm	

Have you provided construction work and/or materials for HMK in the past 5 years?  Yes  No

If yes, which project(s)? \_\_\_\_\_

What is your geographical service area(s)? \_\_\_\_\_

### HUB CERTIFICATION

Is your company HUB certified?				<input type="checkbox"/> Yes	<input type="checkbox"/> No	<i>If yes, check appropriate type / agency and submit a copy of certificate with this form.</i>	
HUB ID Type:	<input type="checkbox"/> AA- Asian American	<input type="checkbox"/> D- Disabled	<input type="checkbox"/> SE- Socially & Economically Disadvantaged				
	<input type="checkbox"/> AI- American Indian	<input type="checkbox"/> DBE- Disabled Business Enterprise	<input type="checkbox"/> W- Female				
	<input type="checkbox"/> B- Black	<input type="checkbox"/> HA- Hispanic	<input type="checkbox"/> V- Veteran				
Certification Agency:	<input type="checkbox"/> State of NC HUB	<input type="checkbox"/> Local Agency: _____	<input type="checkbox"/> Out of State Agency: _____				
	<input type="checkbox"/> State of NC DOT	<input type="checkbox"/> Federal Agency: _____	<input type="checkbox"/> Other: _____				

### SUBMISSION

By submitting this form, I agree to be added to all internal/external databases and platforms used by HMK for the purpose of soliciting bid advertisements.		Included Forms:	
Completed & Submitted By:	Title:	<input type="checkbox"/> W-9	<input type="checkbox"/> Certificate of Insurance
		<input type="checkbox"/>	<input type="checkbox"/> HUB Certificate(s)

NOTES: (feel free to include any additional information not identified above)

Questions? If you have any questions on how to complete this form, please contact our Estimating Administrator at [emilyk@hmkern.com](mailto:emilyk@hmkern.com) or 336-668-3213. If you are ready to submit, please email **completed form with a copy of your W-9, COI and applicable HUB certificate(s)** to our Estimating Administrator at [emilyk@hmkern.com](mailto:emilyk@hmkern.com).