



PROJECT REGISTRATION FORM

**Please return completed form to estimating@broadmoorllc.com*

COMPANY INFORMATION	
Company Name:	
Company Address:	
Phone Number:	
Main Contact (Phone & Email):	
Estimating Contact (Phone & Email):	
Company Type:	
Date of incorporation:	
No. of Employees:	
Annual Revenue:	
Largest Contract Completed:	
List any Union trade agreements:	
Please Check all of the following Certifications that may apply: MBE SRMSDC - <input type="checkbox"/> LAUCP - <input type="checkbox"/> WBE - <input type="checkbox"/> SEB - <input type="checkbox"/> Hudson Initiative - <input type="checkbox"/>	
Does Your Firm Have a Broadmoor MSA ?	

RISK MANAGEMENT	
INSURANCE COMPANY	
NAME	ADDRESS, PHONE NUMBER, LIMITS

BONDING COMPANY	
NAME	ADDRESS, PHONE NUMBER, LIMITS

LEGAL HISTORY & SAFETY INFORMATION	
QUESTION	YES OR NO
1. Has Your Firm Ever Filed Bankruptcy:	
2. Are There Any Claims Against Your Firm?	
3. Has Your Firm Been Cited For Any State or Federal Safety Violations?	
4. Has Your Firm Ever Failed To Complete A Contract?	
5. Does Your Firm Perform Background Checks On New Hires?	
6. Does Your Firm Have a Written Safety Policy?	

Experience Modification Rate (EMR) for the the past (3) years:
 2020 _____ 2019 _____ 2018 _____

REFERENCES	
GENERAL CONTRACTOR REFERENCES	
COMPANY NAME	CONTACT NAME & PHONE
1	
2	
3	

SCOPES OF WORK	
LIST SCOPES OF WORK YOUR COMPANY TYPICALLY PERFORMS	
SCOPE	AVERAGE CONTRACT AMOUNT
1	
2	
3	
4	
5	
6	