

CAPITAL ONE CONSULTING GROUP

TRADE PARTNER INTAKE FORM

GENERAL INFORMATION

Company Name: _____ NAICS Code (s): _____

Address: _____ City/State: _____

Phone: _____ Email: _____

Website: _____ Federal ID No: _____

BUSINESS OPERATIONS AND CERTIFICATIONS

Primary Contact: _____ Job Title: _____

Years in Business: _____ License #: _____

Current # of Employees: _____ Maximum Project Size: _____

Geographic Coverage (States/Regions): _____

Bondable? Yes No

Union Status: Union Non-Union

Certifications: MBE WBE SBE DBE VBE

INSURANCE INFORMATION

General Liability (\$1M Occurrence / \$2M Aggregate) Yes No

Workers' Compensation (Statutory Limits) Yes No

Automobile Liability (Owned/Non-Owned/Hired) Yes No

Umbrella / Excess Liability Yes No

Pollution Liability Yes No

Thank you for your interest in partnering with Capital One Consulting Group.

Please email this completed form to: estimating@capitaloneconsultinggroup.com
Our team will review for project alignment and reach out shortly to discuss next steps.