



PARTNER PROSPECT FORM

Date: _____

A. GENERAL INFORMATION

Name: _____ Email: _____ Phone: _____

How did you hear about The Austin Company?

If Tradeshow, please specify which one: _____

If Word of Mouth, from whom: _____

If Other, please specify: _____

Are you interested in providing a Lunch & Learn? Yes No

If yes, please select all that apply:

On Company Specific Topic Specific Product Other

Presentation Topic (and additional details):

Are there AIA or HSW credits available with the presentation? Yes No

Contact name for coordination: _____

Contact email for coordination: _____ Phone: _____

Are you interested in learning about our Top-Notch® Program? Yes No

Return completed form to preconstruction@theaustin.com



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B. TELL US ABOUT YOURSELF

Legal Name of Business: _____

DBA (if applicable): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Phone No: _____ EIN #: _____

Company Website: _____

Labor Affiliation: _____

Minority Designation(s): _____

List all states in which your organization is legally qualified to do business:

Or if your company will perform work in all 50 states, please check here:

If you can perform work in Mexico, please check here:

If you can perform work in the UK, please check here:

List all trades that your company is interested in bidding:

What type of projects are you interested in bidding?
(Select all that apply)

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Please list additional contacts who should receive Invitations to Bid:

Name: _____ Position: _____

Cell: _____ Email: _____

Name: _____ Position: _____

Cell: _____ Email: _____

C. SAFETY

Does your company have a written occupational safety & health program?

Yes

No

Does your company conduct field safety audits to determine compliance with applicable regulations & procedures?

Yes

No

Please list your company's Experience Modification Rate (EMR) for the three (3) most recent years:

Policy Year	Interstate	Intrastate (If applicable)

Please list your company's TRIR for the three (3) most recent years:

Policy Year	Interstate	Intrastate (If applicable)



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Number of fatalities in the past three (3) years: _____

Number of OSHA citations in the past three (3) years: _____

D. EXPERIENCE

Please list three (3) of the most significant projects completed in the last five (5) years:

Project Name	Location (City/St)	Award Date	Owner Name	Phone Number

Total number of employees: _____

What's your company's annual volume? _____

Have you been involved in any litigation, arbitration, or mediation related to a contract (i.e., non-employee issues) in the past five (5) years?

Yes

No

Have you ever filed for, or been part of any bankruptcy proceedings?

Yes

No

Is there anything else you would like us to know about your company?

If we invite you to our company potluck, what are you signing up to bring?

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