Koscom Inc
475 Half Day Road Lincolnshire, IL 60069
Phone: +1 872 266 2606

Subcontractor Company Profile

GENERAL INFORMATION

Company Information:

Company Name:	ATS Wiring Solutions Inc.	Company Website:	atswiringsolutions.com
Phone Number:	7155091938	Fax Number:	

Physical Address: 1340 Millpoint Ln
City: East Peoria State: IL Zip Code: 61611

Mailing Address:
City: same State: Zip Code:

Company Point of Contact:

Name:	Robert Denman	Title:	Dirctor	Email:	r.denman@atswiringsolutions.com
Phone:	7155091938	Fax:			

Company Officers:

Owner/CEO/President:	Robet Denman	VP of Construction:	
Finance Director:		Support Staff:	

Date Business Started: 8/2/2013	**FEIN:** 45-472-4140	**DUN & Bradstreet No.:**

Affiliated/dba Company Names:

Project Manager Onsite: Name: Robert Denman Title:

Phone: Email:

COMPANY INFORMATION

- [x] Minority Business Enterprise (MBE)
- [ ] Women's Business Enterprise (WBE)
- [ ] Disadvantaged Business Enterprise (DBE)
- [x] Small Business Enterprise (SB)
- [ ] Service-Disabled Veteran-Owned Small Business (SDVOSB)
- [x] HUBZone Small Business (HZSB)
- [ ] Small Disadvantaged Business (SDB)
- [ ] Women-Owned Small Business (WOSB Veteran-Owned Small Business (VOSB)

2018 Annual Sales (Revenue): _____
2017 Annual Sales (Revenue): _____
2016 Annual Sales (Revenue): _____

Insurance: [x] Workers Compensation [x] General Liability [x] Umbrella [x] Automobile

Preferred Area to perform work:

- [x] Northeast (ME, NY, NJ, VT, NH, PA)
- [x] Midwestern (IL, IN, IA, KS, MI, MN, MO, NE, OH, SD, WI)
- [ ] Southwest (AZ, NM, OK, TX)
- [x] Southeast (AL, LA, FL, MS, GA, NC, TN)
- [x] Western (MT, WY, CO, NM, ID, UT, NV)
- [ ] Other_____

LICENSE NUMBER	STATE	TYPE OF LICENSE OR WORK LICENSED FOR

Type of Work & Number of Crews:

- [x] ____#Aerial Crews
- [ ] ____#HDD Crews
- [ ] ____#Drop Bury Crews
- [x] ____#Splicing Crews
- [ ] ____#Fiber Pulling/Blowing Crews
- [ ] ____#Other_____

Equipment List:_____

Rock Capable Equipment:_____

EMERGENCY CONTACT

Emergency Contact Information:

First and Last Name: Robert Denman	Relationship:
Phone Number:	Secondary Phone:
Address: City: State: Zip Code:	
Second Contact Name & Relationship:	Phone:

TRADE REFERENCES

Company Name:		Point of Contact:
Phone Number:		Email:
Address:		
City:	State:	Zip Code:
Company Name:		Point of Contact:
Phone Number:		Email:
Address:		
City:	State:	Zip Code:
Company Name:		Point of Contact:
Telephone Number:		Email:
Address:		
City:	State:	Zip Code:

INTERNAL USE ONLY

Client Number:	**Job Number:**	**Date:**
Market Office:	**Agent:**	