JOINT VENTURE	ENROLLMEN	IT					
Joint Ventures bein prior to enrollment	-						
1. Hudson Insured:							
2. Date of Submissi							
Joint Venture D	etails						
3. Joint Venture Par	rtner:						
4. Address of Partne Street Addr							
5. Describe reasoni	ng for this Joint	Venture:					
6. Current and prior	r experience wit	h the JV Partner (a	ppend listir	ng if needed):		JV Share	
Name of Project	Location (City, State)	Current/Final Contract Value	% Complete	Year Completed	Partner #1 (list JV share)	Partner #2 (list JV share)	Partner #3 (or more – list JV shares)
		\$					
		\$					
		\$					
		\$					
		٦					
Project Details							
7 0000 1 100 0	D : .						
7. Official Name of	-						
8. Project Location Street Addr							
9. Total Current or	Estimated Contr	act Value: <u>\$</u>					
10. Market Segmen	it:						
11. Contract Type/[Delivery Method	l: Hard-Bid] Lump-Sum	Negotiat	ed CMAR	GMP Other:_	

12. Project Owner and any prior projects/relationships:

13. Project Architect/Engineer and any prior projects/relationships:
14. Are there any completion/milestone damages? Yes No. What are the terms?
Required Deliverable/Supporting Documents
Please provide the following information (and any other relevant information that can be shared to support the potential enrollment of this JV).
1. Executed or draft JV Agreement
2. Executed or draft Prime Contract Agreement
3. JV Organizational Chart w/ resumes of key management
4. Subcontractor Estimate or total project budget outlining subcontractor cost by scope/CSI
5. Template of the JV subcontract agreement to be used
6. Most recent Project schedule

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