



SUBCONTRACTOR'S QUALIFICATION FORM

Trade(s): _____ Date: _____

Legal Name of Company: _____

Mailing Address: _____

City

State

Zip code

Shipping Address: _____

City

State

Zip code

Point of Contact: _____ Office Phone: _____

Fax#: _____ Cell Phone: _____

E-mail Address: _____ Website Address: _____

Principal Name or Names: _____

Type of Entity: Corporation Sole Proprietorship Partnership Sub S Corp LLC

Federal ID # or Social Security # _____ Number of Full-time employees: _____

How long have you been in business? _____

Fill in your contractor license info for all states you are licensed to conduct business:

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

Contractor License #: _____ State: _____ Classification _____ Exp. Date _____

List any other states in which you are qualified to perform work: _____

SUBCONTRACTOR DIVERSITY

Does your company qualify as a: Small Business Enterprise Small Woman Owned Small Disadvantaged

Safety

List last three years' Experience Modification Ratio (EMR) 20____ 20____ 20____

If EMR ratio is greater than 1, attach explanation. _____

OSHA Recordable Incident Rate (RIR): Current Year _____ Previous Year _____

Any OSHA violations in the last 3 years? _____

If yes, how many and explain them in more detail. _____

Do you have a written safety program? Yes No

Safety director is: No Safety Director Part-time (Outsourced) Part-time (In-House) Full-time

Name of Safety Director: _____ Contact number: _____

Jobsite Safety Meeting Frequency: None Monthly Weekly Daily

Do you have a "competent" Safety person to assign to each project? _____

Please describe the training, experience, education, etc. that makes this person competent (e.g. OSHA 10-hour, construction outreach, etc.): _____

Hours of Safety Training per year for workers: 0 to 1 2 to 3 4 to 5 6 to 7 8 to 9 10+

Safety Inspection Frequency: Daily Weekly Monthly Quarterly

Payment & Performance Bonding

Can you provide a Payment & Performance bond for this project? Yes No

What is the last project you completed or are currently working on that required a bond?

Project Name _____ Location/Completion Date: _____

General Contractor's Name and Contact Person _____

Value of Bond? \$ _____

What is your company's current bonding capacity? Aggregate \$ _____ Single Project \$ _____

Bond Rate _____%

Name of Bonding Company: _____

Agent Name: _____ Phone: _____

Legal

Have any lawsuits been filed by or against the company in the last three years? Yes No

If "YES"

Please explain _____

Has the company: Ever operated under another name? Yes No Ever failed to complete a project? Yes No Ever filed bankruptcy or receivership proceedings? Yes No

If "YES," please explain _____

Does the company have any uncollected judgments against it? Yes No

If "YES," please explain _____

Supplier References

1. Name: _____ Contact: _____
Phone: _____
Date of Account Opening: _____
2. Name: _____ Contact: _____
Phone: _____
Date of Account Opening: _____
3. Name: _____ Contact: _____
Phone: _____
Date of Account Opening: _____

Project Experience

What type of jobs do you normally do? Retail Commercial Industrial Residential
Education Government Healthcare Hospitality

What is the average dollar size job your company performs? \$ _____

Average number of projects annually? _____

Average dollar size of current projects in progress? \$ _____

How many current projects in progress? _____

Largest Single Contract Completed:

Amount: \$ _____ Year Completed: _____ Contracting Entity: _____

Reference Name: _____ Reference Phone: _____

Reference Email: _____

What was your company's annual volume for the past three years?

20____ \$ _____ 20____ \$ _____ 20____ \$ _____

Current Value of Work on Hand: \$ _____

Please list below your three most recently completed projects.

1. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
2. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
3. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

Please list below all of your projects that are currently under construction.

1. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
2. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
3. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____
4. Name of Project: _____ Date of Completion: _____
Approximate amount of your contract: _____ Bonded? _____
General Contractor's Name: _____ Phone: _____
GC Representative: _____ Fax: _____
Number of jobs completed for this contractor: _____

