



**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: \_\_\_\_\_

