



### SUBCONTRACTOR QUALIFICATION FORM

Date: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Type of Subcontractor: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Website: \_\_\_\_\_

President: \_\_\_\_\_ Email: \_\_\_\_\_

Federal ID: \_\_\_\_\_ D&B No.: \_\_\_\_\_

Date Established \_\_\_\_\_ Date began under present name: \_\_\_\_\_

Years Performing Specialty: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

Former Co. Name (if applicable): \_\_\_\_\_

Is Firm an MBE, WBE, DBE, SDVOSB or HUB?  
(If so, please specify and attach certificate)

**FINANCIAL STATEMENT: Submission of financial statement at this time is required. This information will be handled confidentially. The financial statement should contain reasonably current data and reflect the general current financial condition of the firm. Please include both a balance sheet and income statement - the latest annual and interim statements, preferably with at least the annual statements reviewed or audited by an independent CPA.**

*NOTE: Failure to provide this information may limit the amount of work awarded to your firm.*

Bank Reference (name and address):

\_\_\_\_\_  
\_\_\_\_\_

Work in place last year: \_\_\_\_\_ Avg. annual sales last 3 years: \_\_\_\_\_

Approx. value of capital equipment owned by firm: \_\_\_\_\_

Bonding Company (if applicable): \_\_\_\_\_

Agent: \_\_\_\_\_

Total bonding capacity: Per Project: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Amount of Work currently bonded: \_\_\_\_\_ Bonding Co.'s Best Rating: \_\_\_\_\_

Is firm in compliance with all EEO requirements?  Yes  No

Has firm failed to complete a contract?  Yes  No  
(If yes, explain below)

Has firm been involved in bankruptcy or reorganization?  Yes  No  
(If yes, explain below)

Any pending judgements, claims or suits against firm?  Yes  No  
(If yes, explain below)

Experience Modification Factor (EMR): \_\_\_\_\_

NAME, ADDRESS AND PHONE NUMBER OF INSURANCE AGENT:

STAFF: Project Managers: \_\_\_\_\_ Estimators: \_\_\_\_\_ Superintendents: \_\_\_\_\_

Total Staff Employed: \_\_\_\_\_

**LIST THE FOUR MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS**  
(may list on separate sheet if needed)

<u>Project and Location</u>	<u>Architect</u>	<u>Owner</u>	<u>Contract Amount</u>	<u>Date Completed</u>	<u>Contact Name/Phone</u>
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1.

2.

3.

4.

LIST FOUR OWNER/GENERAL CONTRACTOR REFERENCES (Include name, address, telephone number, and contact person):

- 1.
- 2.
- 3.
- 4.

LIST THREE TRADE REFERENCES (Include name, address, telephone number and contact person):

- 1.
- 2.
- 3.

Submitted By:

Firm Name: \_\_\_\_\_

Signature \_\_\_\_\_

Print Name/Title \_\_\_\_\_

Date: \_\_\_\_\_

Please mail, email or fax this information to:

The Trevino Group, Inc.  
11410 Brittmoore Park Drive  
Houston, TX 77041  
(713) 863-8333  
(713) 863-8522 fax  
[info@trevinogroup.com](mailto:info@trevinogroup.com)