

## SUBCONTRACTOR QUALIFICATION FORM

It is our policy, before we use quotes or sign subcontracts, to ask subcontractors to submit this qualification form. This enables us to categorize subcontractors within their trade by types and size of contracts they can handle.

### 1. SUBCONTRACTOR IDENTITY

Area(s) of Expertise: \_\_\_\_\_

Company Name: \_\_\_\_\_

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

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

Tax ID or SS Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Person(s): \_\_\_\_\_

Type of Company:  Sole Proprietorship  Corporation  Partnership

Date Company Formed: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

States in which the company is legally qualified to do business: \_\_\_\_\_

Names and titles of key people in company: \_\_\_\_\_

Has the company operated under any other name in the past five years?  Yes  No

If yes, give name(s): \_\_\_\_\_

Does the company have offices, plants, or warehouses at other locations?  Yes  No

If yes, list address(es): \_\_\_\_\_

### 2. MBE/WBE/SBE CERTIFICATION

Is the company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE), or any other type of certified business enterprise?  Yes  No

If yes, which type? \_\_\_\_\_ Certifying Agency: \_\_\_\_\_

### 3. FINANCIAL INFORMATION

Does the company have a line of credit from any lending institution?  Yes  No

If yes, give details: \_\_\_\_\_

Lender's Name/Address Lending Officer's Name/Phone # \_\_\_\_\_

Do you have bonding?  Yes  No If yes give details: \_\_\_\_\_

Single project limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

Bonding Company Name/Address: \_\_\_\_\_

Bonding Agent Name, Address, and Phone Number: \_\_\_\_\_

**4. SAFETY RECORD**

In the past five years, has your company or any of its key people been investigated for or found to have committed a serious OSHA violation? \_\_\_ Yes \_\_\_ No. If yes, give details.

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Please indicate your current Workman's Compensation MOD rate: \_\_\_\_\_  
(Attach a copy of the current MOD sheet)

Do you have a written employee safety policy and program? \_\_\_ Yes \_\_\_ No

Do you have a designated company safety officer? \_\_\_ Yes \_\_\_ No If yes, please provide their name and phone number: \_\_\_\_\_

Do you have a hazardous communications program, and are you able to provide MSDS' for any hazardous products you may use? \_\_\_ Yes \_\_\_ No

Do you conduct project safety inspections? \_\_\_ Yes \_\_\_ No. If so, who conducts the inspection (name and title) and how often? \_\_\_\_\_

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Please attach a copy of your most recent OSHA 300 log and a copy of your 3-year loss history for liability insurance.

Are there any other open or aggregate liability claims that would impair your ability to insure any project? \_\_\_ Yes (attach explanation) \_\_\_ No

**5. OTHER INFORMATION**

Has your company or any of its people been a party to a bankruptcy or reorganization proceeding? \_\_\_ Yes \_\_\_ No. If yes, give date: \_\_\_\_\_

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers? \_\_\_ Yes \_\_\_ No. If yes, give details for any liens over \$5,000.

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Have you ever failed to complete a contract, been defaulted, or had a contract terminated? \_\_\_ Yes \_\_\_ No. If yes, give details. \_\_\_\_\_

In the past five years, has your company or any of its key people been involved in any lawsuits arising from construction projects? \_\_\_ Yes \_\_\_ No. If yes, give details. \_\_\_\_\_

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Is there any other information you would like to give us? \_\_\_\_\_

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Please be sure to fill out the attached reference sheet or feel free to attach your own.

I hereby certify that to the best of my knowledge all of the information on this form is correct.

Signed: \_\_\_\_\_

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

**PROJECT REFERENCE SHEET** *(Attached separate list, if needed)*

**1. COMPLETED PROJECTS (Summarize representative projects completed in past 5 years)**

Name of Project	Scope of Work	Contract Amount	Completion Date

**2. CURRENT PROJECTS (Work in Progress)**

Name of Project	Scope of Work	Contract Amount	Completion Date

**3. TRADE REFERENCES (List three of your subcontractors or suppliers)**

Name	Address	Phone Number	Contact Name

**4. CLIENT REFERENCES (List three clients)**

Name	Phone Number	Fax Number	Contact Name

**5. "GREEN" CONSTRUCTION:** How many of your staff are Green Advantage Certified or LEED Accredited? \_\_\_\_\_ Please list Certified projects where you have provided environmental construction and the level achieved.

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