

SUBCONTRACTOR QUALIFICATION APPLICATION

Subcontractor Identity

Company Name _____
Company Address _____
Phone Number _____ Fax Number _____
Contact Name _____ E-mail _____
Federal Tax ID # _____
Type of Company Corporation Partnership Sole Proprietorship
Date Formed _____ Number of Employees: Salaried _____ Hourly _____
Average work in place during last 5 years\$ _____ Work under contract\$ _____
Average project size in place last year\$ _____ Uncompleted backlog\$ _____
Size of projects preferred\$ _____ Project location preferred _____
Does the company have offices, plants or warehouses at other locations? Yes No
If yes, list address _____

Trade(s) of Work _____

Union Affiliation _____

Bonding Capacity

Are you able to bond projects? Yes No Bonding Rate _____ %
Single project limit _____ Aggregate Limit _____
Bonding Company/Address _____

Agent Name/Phone # _____

Insurance Information

Workers' Compensation Experience Modifier:
Current Experience Modifier: _____ % Effective Date: _____
(Month and year)
You are required to verify your current workers' compensation experience modifier. If your experience modifier is .90 or higher, you may be asked to provide a copy of additional information for up to the past four years.
General Liability Limits: \$ _____ per occurrence \$ _____ aggregate
Insurance Company/Address _____
Agent Name/Phone # _____

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

Amt. of Credit	Outstanding Balance	Lender's Name, Address	Lending Officer's Name / Phone #
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MBE/WBE/SBE/DVBE Certification

Is the company certified? MBE WBE SBE DBE OTHER

Certifying Agency(s) _____

Completed Projects List four (4) representative projects completed in the last five (5) years.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount
Completion Date			

Current Projects List four (4) representative projects currently under construction.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount	% Completed
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Trade References List three (3) of your subcontractors or suppliers.

Company Name	Address	Phone Number
Contact Name		

Client References List three (3) clients.

Company Name	Address	Phone Number
Contact Name		

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Company Owned Major Equipment (List, use separate sheet if needed)

Make	-	Model	-	Year	Financed	Leased	Owned
1.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Other Information In the past five years, has the company or any of its Officers...

	Yes	No
* Operated under any other name?	<input type="checkbox"/>	<input type="checkbox"/>
* Ever failed to complete a contract, been defaulted, or had a contract terminated?	<input type="checkbox"/>	<input type="checkbox"/>
* Had liquidated damages assessed against it upon completion of a project?	<input type="checkbox"/>	<input type="checkbox"/>
* Had any liens filed against it my any of its subcontractors or suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
* Ever failed to complete a contract, been defaulted, or had a contract terminated?	<input type="checkbox"/>	<input type="checkbox"/>
* Had liquidated damages assessed against it upon completion of a project?	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been a party to a bankruptcy or reorganization proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
* Are any of its key people been involved in any lawsuit arising from a project?	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been investigated for or found to have committed a violation of any labor laws?	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been investigated for or found to have committed a serious OSHA violation (you can research this at http://www.osha.gov/oshstats/)	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been investigated for or found to have committed a violation of state, federal. Or local laws?	<input type="checkbox"/>	<input type="checkbox"/>

Give details for any yes answer. (Use separate sheet if need.) _____

Print Name:

Title:

Date:

Contractor's License No.:

Please Attach:

- * Insurance Certificate
- * Copy of all Contractors' Licenses
- * Other Contractor Qualifications

Certifications:

I hereby attest that above information contained here is true and correct.

Signature

Date