

NAME OF TRADE

Sub-Contractor Qualification Form

Company Name: _____

Address: _____

Phone & Fax No.: _____

Submitted By: _____

Location: _____

Principal Office: _____

Type of Work Performed: _____

Organization

1. How many years has your organization been in business as a Contractor? _____
2. How many years has your organization been in business under its present business name? _____
3. Under what other or former names has your organization operated? _____
4. If your organization is a corporation, answer the following:

- Date of incorporation: _____
- State of incorporation: _____
- President's name: _____
- Vice-president's name(s): _____
- Secretary's name: _____
- Treasurer's name: _____

5. What is the company's business structure?

Please check the following that best describes your firm:

Corporation Individual Partnership Joint Venture Other

If other, please specify:

6. If your organization is a partnership, answer the following:
 - Date of organization formation:
 - Type of partnership (if applicable):
7. Name(s) of general partner(s) for the firm: (Please list name and position)
 - a)
 - b)

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8. If your organization is individually owned, answer the following:

- Date of organization: _____
- Name of owner: _____

Note: If your organization is other than the listed above, describe and name the principals:

Licensing Information:

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

Experience:

1. List the categories of work that your organization normally self performs with its own forces.

2. Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

A) Has your organization ever failed to complete any work awarded to it? YES or NO

If yes, please describe:

B) Are there any judgments, claims (including SIR deductions on a wrap project), arbitration proceedings or suits pending or outstanding against your organization or its officers?

YES or NO

If yes, please describe: _____

C) Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? YES or NO

If yes, please describe:

D) Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.) YES or NO

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3. List major Work In Progress Include:

Project	Owner / Contractor	Location	Contract Amount

4. State total worth of work in progress and under contract: \$ _____

5. State total from previous year or last 12 months of backlog: \$ _____

6. On separate sheet, list the major projects your organization has completed in the past five years include:

7. Please list your proposed team for project include resumes hi-lighting experience of the proposed team:

- Project Manager Superintendent
- Assistants – Competent Persons
- Other

References

Please provide 5 Vendor References:

Company	Contact Person	Phone/Fax
1.		
2.		
3.		
4.		
5.		

Bank References:

- Contact Name: _____
- Bank Name: _____
- Location: _____
- Phone: _____

Surety: (Optional)

- Contact Name: _____
- Bonding Company: _____
- Location: _____
- Name of Agent: _____

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- Phone: _____
- What is your single limit bonding capacity: _____
- What is your total limit bonding capacity: _____
- What is your available bonding capacity: _____

Financial Statement:

- Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:
- Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);
- Net Fixed Assets; Other Assets;
- Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);
- Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

Insurance:

- Rating of your current insurance carrier
- Please furnish a copy of Certificate of Insurance and if appropriate, the Additional Insured Endorsement f

Safety:

- Please provide a copy of the last three (3) Years of workers compensations experience modification rates
- Please provide a copy of your last or current OSHA No. 300 Log
- Please provide the last 5 years of OSHA citation history

Name of Organization: _____

Date: _____

By: _____

Title: _____

Signature: _____

Remittance:

Please return this to :

Name:

Address:

Email Address:

Fax:

Name of Company

Address

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