General Application

Subcontractor's Qualification Application

TEAM MOLINAR
CONSTRUCTION CO

Company Information

Company Name

Date

mm dd yyyy

Year Established

Address

City

State

Zip

Primary Type of Work

President's Number

President's Email

President's Number

( )

Fax

( )

Estimator Contact

Estimator's Email

Accounting Contact

Accounting's Email

Work normally performed with your own forces?

Yes No

Number of Employees in the office?

Number of Employees in the field?

Please list the geographic areas in which your company operates

If your company is HUB or Minority Certified, please provide us with a copy of your certificate.

TEAM MOLINAR
CONSTRUCTION CO

136 Stablewood Ct, Boerne TX 78006   Phone 210-818-0688

Financial Information

Average Annual Volume for the Past 3 Years

Current Dollar Amount Under Contract

Work normally performed with your own forces?

Yes No

Capacity

Bonding Company

Agent's Name

Agent's Phone

(   )

Bonding Limits: Aggregate

Bonding Limits: Single Project

Total Dollar Amount Currently Bonded

Bank

Bank's Contact Name

Bank's Contact Phone

(   )

Insurance Information

Insurance Company Name

Contact's Name

Worker's compensation insurance

| Yes | No | EMR |

Please provide a sample copy of your insurance certificate showing all coverage.

References

Please provide a list of at least four recent projects, including architect, general contractor, and contract amount, as a separate attachment. Include a contact name and phone number.

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Safety Information

Does Your Company have a Written Safety Program? If yes, submit a copy

Yes	No

Using the previous 3 years OSHA Logs, please provide the following information

	Year	Year	Year
Number of recordable injuries/illnesses			
Number of restricted work days			
Number of lost work days			
Number of Fatalities			
Employee Hours Worked			
EMR			

Name of safety coordinator / officer

Safety coordinator/office phone number

Conclusion

_____

Full Name

_____   _____

Signature   **Date**

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