

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:	Number: E-mail:				
Contact Person(s):					
Type of Company:	Sole Proprietorsh	nip Corporation	Partnership		
Union: Yes	No				
Wage Scale Project Exp	erience:	Yes	No		
Date Company Formed:	Numbe	er of Employees: Office	Field		
Names and titles of key	people in company:				
Has the company operat	ted under any other	name in the past five years	s?YesNo		
If yes, give name(s):					
2.MBE/WBE/SBE CEI	RTIFICATION				
Is the company a certifie	d Minority Business	Enterprise (MBE), Womer	Business Enterprise (WBE), Small		
Business Enterprise (SB	E), or any other type	e of certified business ente	rprise? Yes No		
If yes, which type?	es, which type?Certifying Agency:				
3. FINANCIAL INFORI	MATION				
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 Na	ame/Phone #			
Do vou have bonding?	Yes No		If ves give details:		

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.
Please provide your Workman's Compensation MOD rate for the past 3 years: (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 SDS for any hazardous
products you may use? Yes No
Do you conduct project safety inspections? YesNo. If so, who conducts the inspection (name
and title) and how often?
Please attach a copy of your most recent OSHA 300 Log.
Please provide a link to or attach a copy of your Safety Program.
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 Owners 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.
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
6. US CITIZENS
How many employees are US Citizens? Office Field
Please 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:



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 Contact Name/#

2. CURRENT PROJECTS (Work in Progress)

Name of Project Scope of Work Contract Amount Completion Date Contact Name/#

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

Name	Address	Phone Number	Contact Name
4. CLIENT F	REFERENCES (List three of	lients)	
Name	Phone Number	Fax Number	Contact Name
	Please list Certified proj	of your staff are <u>Green Adva</u> ects where you have provided index	

Upon acceptance, you will be required to provide a W9, sign the Master Subcontract Agreement, and provide a Certificate of Insurance per our sample. Documents are on our website for your review.