

# SUBCONTRACTOR QUALIFICATION

(Completion of this Qualification Form is Required of ALL Subcontractors)

## GENERAL COMPANY INFORMATION:

Legal Company Name:		
Street Address:		Mailing Address:
City, State, Zip:		City, State, Zip:
Main Office Phone:		Main Office Fax:
Contractor Registration No:		State Tax No. (UBI):
D/B/A:		Parent Company:
Company Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC		
Officers / Partners / Principals:		Signature Authority:
NAME:	TITLE:	Contracts      Change Orders
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Origination:	Other/Former Names:	
M/W/D/B/E Certifications:	Certifying Agency (s):	
Key Contact:	Email:	
Phone:	Fax:	
Emergency Contact:	Email:	
Home Phone:	Cell:	

## TRADE INFORMATION:

Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI / Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Union Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Union:	Local No.	Agreement Expires:
Union:	Local No.	Agreement Expires:
Union:	Local No.	Agreement Expires:

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## BONDING / SURETY INFORMATION:

Surety Name:	
Bonding Agent Company / Contact Name:	
Mailing Address:	
City, State, Zip:	
Phone No:	Fax No:
Bonding Capacity Per Job:	Bonding Capacity Aggregate:
Bond Premium Rate:	Date of Last Bond Issued:

## INSURANCE INFORMATION:

Please indicate your current policy limits for each for the following coverage's:

Description	Amount	Amount	Amount
General Liability			
General Aggregate			
Each Occurrence			
Products - Completed Ops			
Personal & Advertising Injury			
Automobile Liability (Any Auto)			
Washington Stop Gap (EL Liability)			
Excess Liability (Umbrella)			
Contractors Pollution Liability			
Professional Liability			
Does your policy's general aggregate limit apply separately to each project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are defense costs excluded from the general aggregate limit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your current General, Excess and Auto Liability policies allow endorsement to name Magic Max Service App LLC, and the project Owner as additionally insured, stipulating the insurance afforded the additional insured shall apply as <b>Primary</b> to any other insurance carried by them?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Non-Contributory</b> to any insurance carried by them?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide a Waiver of Subrogation endorsement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your policy limit additional insured coverage to "ongoing operations"?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your firm's primary point of contact for insurance related issues

Name:	Title:
Phone:	Fax:
Email:	

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Please provide the contact information for your Insurance Agent / Broker

Name:	Title:
Phone:	Fax:
Email:	

## IMPORTANT

Please attach a SAMPLE Certificate of Insurance to evidence coverage stated together with a SAMPLE of the Additional Insured Endorsement stipulating primary coverage used by your carrier.

## SAFETY INFORMATION:

Colorado State Labor & Industries Workers' Compensation Experience Modification Rate (EMR) for the three most recent years:

Jan 1, 20	Rate:	Jan 1, 20	Rate:	Jan 1, 20	Rate:
<b>In the last three (3) calendar years:</b>			<b>20</b>	<b>20</b>	<b>20</b>
How many man-hours did your employees work?					
How many recordable accidents did your firm have?					
How many restricted (light duty) workday <u>cases</u> did your firm have?					
How many lost day <u>cases</u> did your firm have?					
- Total number days away from work for lost day <u>cases</u>					
What was your firm's incident rate for recordable <u>accidents</u> ? (OSHA recordable accidents x 200,000 / man-hours worked)					
What was your firm's incident rate for time loss <u>claims</u> ? (Lost workday incidents x 200,000 / man-hours worked)					

Average No. of Employees:	Have you been cited by OSHA in the last 5 years:
Does your company have a written Safety Program? (Must be available for review upon request)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a return to work / light duty program?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written substance abuse / testing policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company review the safety management systems of your tier-subcontractors?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Program Managers Name or Contact Person:	
Title:	Cell Phone:
Email:	Office Phone:

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## FINANCIAL INFORMATION:

State your firm's projected total revenue for current year and actual total revenue for each of the previous three years.

20            \$	20            \$	20            \$
Has your company or any of its owners, officers or major shareholders ever petitioned for bankruptcy, been terminated on a contract or failed to complete work Awarded it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:		
Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation or have any outstanding judgments or claims Against it?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If YES, explain:		

List Owner and/or General Contractor references, including contact name whom we may call.

OWNER / GENERAL CONTRACTOR REFERENCES			
Owner / General Contractor	Contact Name	Phone	Email
TRADE REFERENCES			
Major Supplier / Tier Sub	Contact Name	Phone	Email

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List current, ongoing projects with approximate contract amount and anticipated completion date or attach separate list. (Attach a separate sheet as needed)

WORK IN PROGRESS SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Please list projects undertaken in the last three years. (Attach a separate sheet as needed)

COMPLETED WORK SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

PLEASE ATTACH YOUR LAST 2 YEARS' AUDITED, COMPILED OR REVIEWED FINANCIAL STATEMENTS TO THE END OF THIS FORM.

## IMPORTANT

While review of Subcontractor financial information is an important and necessary part of the qualification process, Magic Max does recognize the proprietary and confidential nature of these documents. Please be assured this information will be handled with the utmost respect to your firm's privacy. Please feel free to contact Bryce Perkins at [bryce@magicmax.app](mailto:bryce@magicmax.app) if you would like to discuss protection and handling of this sensitive information.

The following signature is from an authorized representative of the company and attests to the accuracy of the information provided above.

Name/Title:

Date:

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## SUBCONTRACTOR/SUPPLIER/VENDOR SMALL BUSINESS CERTIFICATION

Legal Company Name:	
Street Address:	Date:
City, State, Zip:	Main Office Phone:
Primary Contact Person:	Main Office Fax:
E-Mail Address:	Signature:
DUNS Number:	Federal Tax ID Number:

**Is the company qualified:** Your business may qualify for more than one description below? Please check **all** that apply to your business. For further information and clarification please visit <http://www.sba.gov/size>

<input type="checkbox"/>	<b>Small Business</b> Based on dollar amount by trade. See NAICS Codes Compared to CSI Code Sheet to confirm.
<input type="checkbox"/>	<b>Small Disadvantaged Business (SDB)</b> <i>Subcontractors who are small-disadvantaged business concerns, including ANC's and Indian tribes. Socially Disadvantaged Individuals who have been subject to racial or ethnic prejudice or cultural bias within Asian Pacific Americans, Subcontinent Asian Americans, and Native Americans (American Indians, Eskimos, Aleuts, or American society because of their identification as members of certain groups. African Americans, Hispanic Americans, Native Hawaiians). Economically Disadvantaged Individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged (SBA determines on case-by-case basis).</i>
<input type="checkbox"/>	<b>Women-Owned Small Business (WOSB)</b> Small business subcontractors 51% owned by women.
<input type="checkbox"/>	<b>Veteran-Owned Small Business (VOSB)</b> Small business subcontractors 51% owned by veterans.
<input type="checkbox"/>	<b>Service-Disabled Veteran-Owned Small Business (SDVOSB)</b> Small business subcontractors 51% owned by service-disabled veterans.
<input type="checkbox"/>	<b>Small Business Administration HUBZone Certified - Certification Number required</b> <i>Subcontractors who are HUBZone (Historically Underutilized Business Zone) small business concerns located in economically distressed communities in order to increase employment opportunities, stimulate capital investments in those areas, and empower communities through economic leveraging— HUBZone area are determined by various census data. Must be a SB, principal office must be located within HUBZone, owned and controlled by one or more U.S. citizen and at least 35% of its employees must reside in a HUBZone – <b>Must be certified by SBA.</b></i>
<input type="checkbox"/>	<b>8(a) Certified Certification Number – required proof of SBA Certification</b> <i>SBA's 8(a) Business Development Program offers a broad scope of assistance to socially and economically disadvantaged firms; it was created to help eligible small disadvantaged businesses become independently competitive in the federal procurement market. A firm must be 51% owned and controlled by a socially and economically disadvantaged individual(s) to be eligible for the 8(a) Program, be a qualified SDB, be in business for at least 2 years and <b>must be certified by SBA.</b></i>
<input type="checkbox"/>	<b>Alaska Native Corporation or Indian Tribe</b>
<input type="checkbox"/>	<b>Other Small Business Affiliations:</b>
<input type="checkbox"/>	<b>Large Business</b>