

SUBCONTRACTOR QUALIFICATION APPLICATION

GENERAL INFORMATION

Company Name

Company Address

City State Zipcode

Is this the: Main Office Regional Office Other:

Contact Name: _____

Phone Number: _____

Fax Number: _____

E-Mail Address of Contact Person: _____

Company Website: _____

Company e-mail address: _____

List all trades performed and corresponding professional licenses, if applicable.

<u>CSI Division</u>	<u>Trades Performed</u>	<u>License Number (if applicable)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ORGANIZATION

Business Type:

Corporation Partnership Limited liability company Joint Venture

Sole Proprietor Other: _____

What year was your company founded? _____

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State of Incorporation: _____

Federal ID Number: _____

Dun & Bradstreet Number: _____

Is your firm owned or controlled by a parent or any other organization? ___ Yes ___ No

If yes name of the Parent Company/Organization _____

Federal ID Number for Parent Company/Organization _____

Has your firm operated under a different name or changed names in the last five years?

___ Yes ___ No

If yes name of the previous Company/Organization _____

Indicate if your business qualifies as one or more of the following:

___ **WBE** (Woman Business Enterprise)

___ **MBE** (Minority Business Enterprise):

List all Certifying Agencies, Certification Number (if applicable) and Expiration Date:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has any professional license ever been denied or revoked? ___ Yes ___ No (If yes, please detail)

Is your Company ___ Union, ___ Non-Union or ___ Both?

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Please list any Union commitment that you have.

MANAGEMENT

Please complete the following information about all your corporate officers, principals and senior management. (attach additional sheets as necessary)

Name: _____

Title/Position: _____

Length of time with firm: _____

Name: _____

Title/Position: _____

Length of time with firm: _____

Name: _____

Title/Position: _____

Length of time with firm: _____

Name: _____

Title/Position: _____

Length of time with firm: _____

Have any of the Owners, officers, major stockholders, or senior management of your Company ever been indicted or convicted of any felony or other criminal conduct? (If yes, please detail)

_____ Yes _____ No

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WORK EXPERIENCE

How many persons does your firm presently employ?

Corporate/Office: _____

Field Supervisory: _____

Tradespeople: _____

Other: _____

Has your Company ever petitioned for bankruptcy, failed in a business endeavour, defaulted or been terminated on a contract awarded to you? (If Yes, please detail)

_____ Yes _____ No

Has your Company ever been disbarred or precluded from public work? (If Yes, please detail)

_____ Yes _____ No

Has any entity ever made a claim against your Company for defective, improper or non-conforming work, or failing to comply with warranty obligations? (If Yes, please detail)

_____ Yes _____ No

Are there any outstanding Judgements or Claims against your Company? (If Yes, please detail)

_____ Yes _____ No

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Has any entity made a claim against your Company for failing to make payments to that or any other entity? (If Yes, please detail)

_____ Yes _____ No

Please indicate the number of contracts you have completed in the last five years in the volume ranges indicated below:

Under \$100,000 _____
\$100,001 to \$250,000 _____
\$250,001 to \$500,000 _____
\$500,001 to \$1,000,000 _____
\$1,000,001 to \$2,500,000 _____
\$2,500,001 to \$5,000,000 _____

What is the largest contract your company has completed?

Amount: _____

Year: _____

Project: _____

Scope of Work: _____

What is the largest contract you expect to complete this year?

Amount: _____

Project: _____

Scope of Work: _____

What is your expected construction revenue this year? _____, and

How many projects comprise this revenue figure? _____

What is/was your backlog,...

As of today? _____

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As of 12 months ago? _____

Has your surety ever finished one or more of your construction projects? ___ Yes ___ No
(If Yes, please describe)

Please attach a list of major projects your firm currently has in progress including;

Project Name
Location
Owner
Architect/engineer
Prime Contractor
Contract Amount
Scheduled completion date

REFERENCES

Insurance: Please list your Insurance Broker/Agent.

Company Name: _____

Contact Name: _____

Contact Phone: _____

Bonds: Please list your Surety Broker/Agent.

Company Name: _____

Contact Name: _____

Contact Phone: _____

Bonding Capacity: _____

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AFFIRMATIVE ACTION

Who is responsible for coordinating your Company's MBE/WBE and Affirmative Action program?

Name: _____

Title: _____

Phone Number: _____

Does your company have a written MBE/WBE and Affirmative Action program?

____ Yes ____ No

SAFETY

Who is responsible for coordinating your Company's safety program?

Name: _____

Title: _____

Phone Number: _____

Does your company have a written safety program? ____ Yes ____ No (If Yes, please attach a copy of your Company's written safety program).

Does your company have a safety reward program for employees? ____ Yes ____ No

Describe your company's substance abuse screening program:

	<u>Yes</u>	<u>No</u>
Pre-Hire	_____	_____
For Cause	_____	_____
Post Accident	_____	_____
Random	_____	_____

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Describe your safety training for your employees:

	<u>Yes</u>	<u>No</u>	<u>Frequency</u>
Employee Initiation Safety Training	_____	_____	_____
Supervisors, Managers	_____	_____	_____
Jobsite "Tool Box Meetings"	_____	_____	_____

Please list your worker's compensation experience modification over the last five years:

Year: _____

Mod: _____

What is your OSHA Recordable Incident Rate over the last five years:

Year: _____

Rate: _____

What is your OSHA Severity, or Lost Time Incident Rate over the last five years:

Year: _____

Rate: _____

How many OSHA violations has your Company received in the last five years? _____

Please provide details of each: _____
