



# SUBCONTRACTOR QUALIFICATION FORM

### GENERAL INFORMATION:

Subcontractor Name: \_\_\_\_\_

Address: \_\_\_\_\_

Owner(s): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Mobile Number: \_\_\_\_\_

Contractor's License Number: \_\_\_\_\_ Federal Tax ID: \_\_\_\_\_

Years in Business: \_\_\_\_\_ Financial Institution: \_\_\_\_\_

Previous Company Names(s): \_\_\_\_\_

Union ( ) Non-Union ( ) SBE / MBE / WBE / DBE (Circle all that apply and attach certification)

Are you experienced with Davis Bacon/Certified Payroll? Yes / No Section 3 reporting? Yes / No

# of Full-Time Employees: \_\_\_\_\_ # of Full-Time Employees w/ 5+ years relevant trade experience: \_\_\_\_\_

# of Hourly Employees: \_\_\_\_\_ # of Hourly Employees w/ 5+ years relevant trade experience \_\_\_\_\_

Do you have non-English speaking employees/labor? Yes / No Do you use Piece Crews? Yes / No

Do you use sub/subcontractors? Yes / No Do you pre-qualify your subs? Yes / No

Do you have an English speaking representative on the jobsite at all times? Yes / No

# of crews operating at one time: \_\_\_\_\_

### INSURANCE:

Worker's Compensation: Yes / No Auto Liability: Yes / No Limits \$ \_\_\_\_\_

General Liability: Yes / No Limits: \$ \_\_\_\_\_ Each Occurrence: \$ \_\_\_\_\_

GL Exemptions (circle): Multi-Family; Single Family; Mold; EFIS Experience Modifier: \_\_\_\_\_

### WORK:

Type Performed: \_\_\_\_\_

Check the types of projects your company has experience in:

Retail  Apartments  Hospitality  Education  Condominiums

Office  Industrial  Residential  Renovations  \_\_\_\_\_

### SUBCONTRACTOR STATUS:

- Are you currently, or have you in the past 5 years, been involved with any litigation regarding workmanship or injury? Yes / No
- Has your firm been terminated on any projects over the past 5 years? Yes / No
- Has this firm ever filed for bankruptcy re-organization? Yes / No

4. Have any of the principals ever been associated with a previous business in this trade as principals where a bankruptcy has been filed? Yes / No

Explanations for Yes answers: \_\_\_\_\_

**OWNER/CONTRACTOR REFERENCES:**

(1) Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Owner/Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date Work Completed: \_\_\_\_\_

(2) Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Owner/Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date Work Completed: \_\_\_\_\_

(3) Project Name: \_\_\_\_\_  
 Project Location: \_\_\_\_\_  
 Owner/Contractor: \_\_\_\_\_ Contact Person: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_ Date Work Completed: \_\_\_\_\_

**SUPPLIER REFERENCES:**

(1) Supplier Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(2) Supplier Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

(3) Supplier Name: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**SAFETY PROGRAM:**

Safety Manual: Yes / No      Safety Meetings Conducted: \_\_\_Weekly \_\_\_Bi-Weekly \_\_\_Monthly \_\_\_Quarterly  
 Safety Violation(s):      Yes / No      If yes, explain what, when, and how it/they have been corrected: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

OSHA 10-hour course completed for foremen: Yes / No  
 Do you screen your employees?      Drug Test: Yes / No      Criminal Background: Yes / No

**On behalf of the above-named company, the undersigned certifies that the information and responses provided herein are true, complete, and accurate as of this date.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Name (Please Print): \_\_\_\_\_ Title: \_\_\_\_\_

**OFFICE USE:**

Meets requirements      All / Some / None      License Checked: ( )      OSHA violations checked ( )  
 References Checked ( )      Notes: \_\_\_\_\_  
 \_\_\_\_\_