



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: _____
