

SUBCONTRACTOR QUALIFICATION APPLICATION

Subcontractor Identity

Company Name _____
 Company Address _____
 Phone Number _____ Fax Number _____
 Contact Name _____ E-mail _____
 Federal Tax ID # _____
 Type of Company Corporation Partnership Sole Proprietorship
 Date Formed _____ Number of Employees: Salaried _____ Hourly _____
 Average work in place during last 5 years\$ _____ Work under contract\$ _____
 Average project size in place last year\$ _____ Uncompleted backlog\$ _____
 Size of projects preferred\$ _____ Project location preferred _____
 Does the company have offices, plants or warehouses at other locations? Yes No
 If yes, list address _____

Trade(s) of Work _____

Union Affiliation _____

Bonding Capacity

Are you able to bond projects? Yes No Bonding Rate _____ %
 Single project limit _____ Aggregate Limit _____
 Bonding Company/Address _____

 Agent Name/Phone # _____

Insurance Information

Workers' Compensation Experience Modifier:
 Current Experience Modifier: _____ % Effective Date: _____
(Month and year)

You are required to verify your current workers' compensation experience modifier. If your experience modifier is .90 or higher, you may be asked to provide a copy of additional information for up to the past four years.

General Liability Limits: \$ _____ per occurrence \$ _____ aggregate
 Insurance Company/Address _____
 Agent Name/Phone # _____

SUBCONTRACTOR QUALIFICATION APPLICATION

Bank Reference Does the company have a line of credit from any lending institution? Yes No

Amt. of Credit Outstanding Balance Lender's Name, Address Lending Officer's Name / Phone #

MBE/WBE/SBE/DVBE Certification

Is the company certified? MBE WBE SBE DBE OTHER

Certifying Agency(s) _____

Completed Projects List four (4) representative projects completed in the last five (5) years.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount
-----------------	---------------------	------------------------	-----------------

Completion Date

Current Projects List four (4) representative projects currently under construction.

Name of Project	Contracting Company	Contact Name/Phone No.	Contract Amount	% Completed
-----------------	---------------------	------------------------	-----------------	-------------

Trade References List three (3) of your subcontractors or suppliers.

Company Name	Address	Phone Number
--------------	---------	--------------

Contact Name

Client References List three (3) clients.

Company Name	Address	Phone Number
--------------	---------	--------------

Contact Name

SUBCONTRACTOR QUALIFICATION APPLICATION

<u>Other Information</u> In the past five years, has the company...	<u>Yes</u>	<u>No</u>
* Operated under any other name?	<input type="checkbox"/>	<input type="checkbox"/>
* Ever failed to complete a contract, been defaulted, or had a contract terminated?	<input type="checkbox"/>	<input type="checkbox"/>
* Had liquidated damages assessed against it upon completion of a project?	<input type="checkbox"/>	<input type="checkbox"/>
* Had any liens filed against it my any of its subcontractors or suppliers?	<input type="checkbox"/>	<input type="checkbox"/>
* Ever failed to complete a contract, been defaulted, or had a contract terminated?	<input type="checkbox"/>	<input type="checkbox"/>
* Had liquidated damages assessed against it upon completion of a project?	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been a party to a bankruptcy or reorganization proceeding?	<input type="checkbox"/>	<input type="checkbox"/>
* Are any of its key people been involved in any lawsuit arising from a project?	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been investigated for or found to have committed a violation of any labor laws?	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been investigated for or found to have committed a serious OSHA violation (you can research this at http://www.osha.gov/oshstats/)	<input type="checkbox"/>	<input type="checkbox"/>
* Or any of its key people been investigated for or found to have committed a violation of state, federal. Or local laws?	<input type="checkbox"/>	<input type="checkbox"/>

Give details for any yes answer. (Use separate sheet if need.)

- Please Attach:
- * Insurance Certificate
 - * Copy of all Contractors' Licenses
 - * Other Contractor Qualifications

Print Name:
 Title:
 Date:
 Contractor's License No.:

Certifications:
 I hereby attest that above information contained here is true and correct.

Signature Date