

SUBCONTRACTOR QUALIFICATION FORM



SUBCONTRACTOR QUALIFICATION SHEET

| | |
|----------------------|--|
| Company Name: | |
| Mailing Address: | |
| City, State, Zip: | |
| Office No.: | |
| Office Fax #: | |
| Main Contact Person: | |
| Main Contact Cell # | |
| Main Contact Email: | |
| Scope of Work: | |

A. FIRM INFORMATION

- How many years has your firm been in business as a Contractor? _____ YEARS
- How many years has your firm been in business under its present business name? _____ YEARS
- Under what other or former names has your firm operated? _____
- What is the name of the Primary Principal at your firm? _____
- Number of Employees (Office only)? _____
- Number of Employees (Field only)? _____
- Does your firm currently hold certification within the following Equal Employment Opportunity categories:

| | | |
|--------------------------|-----------------------------------|------------|
| <input type="checkbox"/> | Disadvantaged Business Enterprise | Exp. Date: |
| <input type="checkbox"/> | Minority Business Enterprise | Exp. Date: |
| <input type="checkbox"/> | Women's Business Enterprise | Exp. Date: |
| <input type="checkbox"/> | Small Business Concern/Enterprise | Exp. Date: |
| <input type="checkbox"/> | Other: | Exp. Date: |

- Do you have General Liability and Worker's Compensation insurance? Yes No
Please email your insurance certification to info@barstoconstruction.com
- What is your latest MOD rating? _____

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B. PERFORMANCE

1. Has your firm ever failed to complete any work awarded to it? Yes No
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your firm or its Officers? Yes No
3. Has your firm filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years? Yes No
4. Within the last five (5) years, has any Officer or Principal of your firm been an Officer or Principal of another organization? Yes No
5. Is your firm currently working on any Bonded Construction Projects? Yes No
6. What is the Total Aggregate Bonding Capacity of your firm? \$ _____
7. Please select the one category that best applies to your firm:

| Annual Gross Revenue | |
|--------------------------|----------------------------|
| <input type="checkbox"/> | <\$50,000 |
| <input type="checkbox"/> | \$50,000 to \$250,000 |
| <input type="checkbox"/> | \$250,000 to \$500,000 |
| <input type="checkbox"/> | \$500,000 to \$1,000,000 |
| <input type="checkbox"/> | \$1,000,000 to \$2,500,000 |
| <input type="checkbox"/> | >\$2,500,000 |

C. SAFETY

1. Typical safety training for field staff includes: OSHA 10 OSHA 30 Other
 - a. Other (please explain): _____
2. Has your firm received an OSHA citation within the past three (3) years? Yes No
3. Has your firm had any fatalities in the past three (3) years? Yes No
4. Does your firm have a drug testing program? ____ Yes No
5. If your firm does have a drug testing program, is it:
 Circle One: None/Pre-Employment/Post Accident/Random/Just Cause

D. FINANCIAL & INSURANCE INFORMATION

Bank Information:

| | |
|-------------------|--|
| Name of Bank: | |
| Address: | |
| City, State, Zip: | |
| Contact Name: | |

Insurance Representative:

| | |
|-------------------|--|
| Insurance Agent: | |
| Address: | |
| City, State, Zip: | |
| Contact Name: | |
| Type of Insurance | |

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Signatory With Labor Trade:

| | |
|-----------------------------|--|
| List of Trade Organization: | |
| Local Union: | |

E. REFERENCES

Please provide three (3) professional references for your firm:

| | |
|---------------|--------|
| Company Name: | |
| Phone Number: | |
| Contact Name: | |
| Relationship: | Client |

| | |
|---------------|-----------|
| Company Name: | |
| Phone Number: | |
| Contact Name: | |
| Relationship: | Architect |

| | |
|---------------|---------------------------|
| Company Name: | |
| Phone Number: | |
| Contact Name: | |
| Relationship: | Subcontractor or Supplier |