



SUBCONTRACTOR QUALIFICATION FORM

Contractor's Name _____

Contact _____

Address _____

Phone Number (____) _____ Fax Number (____) _____

Name of Project Being Considered for _____

Trade or Area of Expertise _____

Amount of Proposed Subcontract _____ Federal ID Soc. Sec. No. _____

Number of Years in Business _____ Number of Employees _____

Annual Sales _____ Net Worth _____

Working Capital in Dollars _____ Dun & Bradstreet Rating _____

***** PLEASE ATTACH A COPY OF YOUR MOST RECENT FINANCIAL STATEMENT. *****

Does your company have any lawsuits pending? Yes No If Yes, Please attach a brief explanation.

Has your company ever been cited by OSHA? Yes No If Yes, Please attach a brief explanation.

Does your company have a written safety program? Yes No If Yes, Please attach a copy.

Small Business Status:

This information is vital to us to meet certain customer, corporate and government requirement. If you are unsure about your business size classification, please contact your local Small Business Administration or go to www.sba.gov for more information. Is your business considered or certified as one of the following: (check one)

- Large Business:
- Small Business:
A business that does not exceed the small business size standard of the standard industrial classification for the trade / service for which it is seeking a subcontract.
- Women – Owned Small Business:
Must be 51% owned by one or more women and qualify as a small business.
- Veteran – Owned Small Business:
Must be 51% owned by one or more qualifying veterans and qualify as a small business.
- Small Disadvantaged Business / Minority Business Enterprise:
Must be certified as such by the Small Business Administration for government projects or a local small business authority if a private project.
- HUBZone:
A small business located in a historically underutilized business zone with more than 35% of its employees living in the HUBZone.
- Other _____



CONSTRUCTION REFERENCES

- 1. Customer _____
Contact _____
Address _____
Phone Number (____) _____ Fax Number (____) _____
Type of Project _____
Amount of Contract _____
- 2. Customer _____
Contact _____
Address _____
Phone Number (____) _____ Fax Number (____) _____
Type of Project _____
Amount of Contract _____
- 3. Customer _____
Contact _____
Address _____
Phone Number (____) _____ Fax Number (____) _____
Type of Project _____
Amount of Contract _____

INSURANCE REFERENCE

Name of Agent _____
Contact _____
Phone number _____ Fax Number _____
Amount of Liability Coverage _____ Amount of Umbrella Coverage _____
Workers compensation EMR _____

BANK REFERENCE

Bank _____ Acct # _____
Contact _____
Phone Number (____) _____ Fax Number (____) _____
Credit Line Available _____

BONDING REFERENCE

Are you able to provide a bond for this project? [] Yes [] No
If Yes, Name of Surety _____
Agent Contact _____
Phone Number _____ Fax Number _____
Bonding Limit _____ Current Work Program _____

I certify the above to be true and accurate and give my permission to contact those individuals / companies listed above and for those individuals / companies to release information to you to substantiate the accuracy of this report. I will not hold any of the parties involved for the release of accurate information or your reliance upon the same.

Signature _____
Typed Name and Title _____ Date _____
Company _____