



Subcontractor's Qualification Form

Instruction Sheet

Purpose: This information is general and time sensitive. Therefore, a detailed qualification inquiry may be required prior to award of a project.

Instructions: Please provide the information requested. Additional information deemed useful for evaluation of your firm's capabilities may be attached to this form. This form shall be resubmitted annually with updated information.

- List name, address and phone/fax number, etc. of your firm.
If MBE or WBE, be sure to attach certificate(s).
- List principals of firm.
- List project managers, estimators or other staff.
- List year and state of incorporation of your firm under its current name. List other names, if applicable.
- List union affiliates and local numbers, if applicable.
- List type of work – Examples: 09250-Drywall; 15600-Mechanical
- Check appropriate self-performance box.
- Does your firm have on-staff, in-house engineering capabilities? If so, licensed in what state, of what type (i.e., Structural, Mechanical), provide the company that carries errors and omissions insurance for the engineering services contracted.
- List all applicable geographic areas where your company performs work.
- List average sales for the last three years.
- List project size job (minimum size – maximum size) you would pursue.
- Bonding information: List bonding capacity and information on bonding company.
- Does your organization have a written Safety Program: mark yes or no.
- List safety violations that your company has been involved with in the last three years.
- List Experience Modification Rating (EMR).
- List references, including banking, suppliers and subcontracting (Owner/GC).

Please submit the above qualifications using the instructions specified on our website.



Subcontractor's Qualification Form

Firm Name: Phone:
Address: Fax:
City/State/Zip: Email:
Website: MBE WBE (attach certificate(s))
Veterans Disabled

President/Principals:

Project Managers/Estimators:

Name: E-mail:
Name: E-mail:
Name: E-mail:

Year Founded/Incorporated: State of Incorporation:

Union/Local Affiliates:

Type of Work: Commercial Light Industrial
Residential Institutional
Heavy Industrial

Self-Performed: YES NO

In-House Engineering Capability: Type:

(if yes, please complete the insurance information below)

YES NO Errors & Omissions Insurance Carrier:

Geographic Area(s):

Average Annual Sales (Last Three Years):

Project Size Range (Min. - Max.):

Total Bonding Capacity:

Bonding Company:

Bonding Company Contact/Phone:

Written Safety Programs: YES NO Safety Violations:

Experience Modification Rating (EMR):

Project References:

Table with 4 columns: Project (if applicable), Name of Company, Contact, Phone

Credit References:

Table with 4 columns: Project (if applicable), Name of Company, Contact, Phone