



Subcontractor Qualification Form

Company Name: _____

Address: _____

*Estimator/Sales Person E-Mail (required): _____

Estimator/Sales Person Name: _____

Phone No & Fax No.: _____

Submitted By: _____

Location: _____

Principal Office: _____

Trade or CSI Division: _____

Type of Work Performed: _____

Service Areas: _____

Organization

1. How many years has your organization been in business as a Contractor? _____
2. How many years has your organization been in business under its present business name? _____
3. Under what other or former names has your organization operated? _____
4. If your organization is a corporation, answer the following:
 - Date of incorporation: _____
 - State of incorporation: _____
 - President's name: _____
 - Vice-president's name(s) _____
 - Secretary's name: _____
 - Treasurer's name: _____
5. Please check the following that best describes your firm:
 Corporation Individual Partnership Joint Venture Other
If other, please specify:

6. If your organization is a partnership, answer the following:
 - Date of organization: _____
 - Type of partnership (if applicable): _____
7. Name(s) of general partner(s) for the firm: (Please list name and position)

8. If your organization is individually owned, answer the following:

- Date of organization: _____
- Name of owner: _____

Note: If your organization is other than the listed above, describe and name the principals:

Licensing Information:

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

Experience:

1. List the categories of work that your organization normally performs with its own forces.

2. Claims and Suits. YES or NO

If yes, please describe: _____

3. Has your organization ever failed to complete any work awarded to it? YES or NO

If yes, please describe: _____

4. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? YES or NO

If yes, please describe: _____

5. Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? YES or NO

If yes, please describe: _____

6. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.)

YES or NO

If yes, please describe: _____

7. List major Work In Progress Including General Contractor with Contact information:

1-

2-

3-

4-

5-

8. State total worth of work in progress and under contract: \$ _____
9. State total from previous year or last 12 months of backlog \$ _____
10. On separate sheet, list the major projects your organization has completed in the past five years include:
See Attached
11. Please indicate the average annual \$ amount of construction work performed during the past five years:

2014	2015	2016	2017	2018

12. Please list your Company personnel:
- Project Manager
 - Project Superintendent

References

Please provide 5 Vendor References:

Company	Contact Person	Phone/Fax
1.		
2.		
3.		
4.		
5.		

Bank References:

- Contact Name: _____
- Bank Name: _____
- Location: _____
- Phone: _____

Surety:

- Contact Name: _____
- Bonding Company: _____
- Location: _____
- Name of Agent: _____
- Phone: _____
- What is your single limit bonding capacity: _____
- What is your total limit bonding capacity: _____
- What is your available bonding capacity: _____

Financial Statement:

- Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:
- Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);
- Net Fixed Assets;
- Other Assets;
- Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);
- Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).
- What is your D & B Rating? _____

Insurance:

- What are your limits of coverage for WC, GL, Auto, Excess?
- WC _____
- GL _____
- Auto _____
- Excess _____
- Please furnish a Liability or a copy of Certificate of Insurance

Safety:

- Please provide a copy of the last three (3) Years EMR and OSHA No. 300 Logs
- Please provide Company QA/QC Manual

Other Qualification:

- LEED Certification
- Minority, Women owned Business
- BIM Software capability
- Drug free workplace policy

Date:

Name of Organization:

By:

Title:

Signature: _____

Please return this form to our estimating department by e-mail:
bids@sabrecommercial.com