

Subcontractor Qualification Form

1. Company Information

Legal Company Name

DBA / Trade Name

Company Address

Mailing Address (if different)

Main Phone

Main Email

Website

Primary Contact Name

Primary Contact Title

Primary Contact Email

Primary Contact Phone

2. Company Classification

Business Type

- Subcontractor General Contractor Consultant Design Support
 Construction Management Other

Labor Type

- Prevailing Wage Non-Prevailing Wage Both

Enterprise / Certification Type

- None MBE WBE DBE
 HUB SBE Veteran-Owned Other

Other Certification / Notes

3. Services / Trades Performed

Services

- Concrete Flatwork Sidewalks Driveways
 Patios Slabs / Small Foundations Selective Concrete Demo
 Sawcut / Dowel / Pourback Trenching / Concrete Restoration Project Management
 BIM Coordination 3D Scanning Design Support

Other Services / Specialties

4. Geographic Service Area

Primary Service Area

Secondary Service Areas

Maximum Travel Radius

Typical Project Types

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5. Company Profile

Year Established

Years in Business

Field Employees

Office / PM Staff

Largest Project Completed (\$)

Average Project Size (\$)

Company ID / EIN / Tax ID

6. Licensing / Registration

State Contractor License (if applicable)

City / Local Registrations

Other Relevant Licenses / Credentials

7. Insurance Information

General Liability Carrier

Policy Number

Coverage Limits

Workers Comp Carrier

Policy Number

Coverage Limits

Auto Liability Carrier

Policy Number

Coverage Limits

Umbrella / Excess Carrier

Policy Number

Coverage Limits

8. Safety Information

EMR

Written Safety Program in Place?

 Yes No

OSHA 300 Available?

 Yes No

Any OSHA citations in the last 3 years?

 Yes No

If yes, explain

9. Financial / Bonding Information

Bonding Company

Surety Agent / Contact

Single Project Capacity

Aggregate Capacity

Bank Name

Bank Contact / Phone / Email

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10. Experience / Project History

Project 1

Project Name	Client / GC	Location	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Scope Performed	Contract Value	Completion Date	Reference Name / Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project 2

Project Name	Client / GC	Location	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Scope Performed	Contract Value	Completion Date	Reference Name / Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Project 3

Project Name	Client / GC	Location	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Scope Performed	Contract Value	Completion Date	Reference Name / Contact
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

11. Project Controls / Delivery Capabilities

Capabilities

- | | | |
|--|---|--|
| <input type="checkbox"/> Self-Perform Work | <input type="checkbox"/> Subcontract Managed Scopes | <input type="checkbox"/> Project Scheduling Support |
| <input type="checkbox"/> Document Control | <input type="checkbox"/> RFI / Submittal Coordination | <input type="checkbox"/> BIM / Design Coordination |
| <input type="checkbox"/> Field Verification / Site Capture | <input type="checkbox"/> Change Management Support | <input type="checkbox"/> Quality Control Documentation |

12. Attachments Checklist

Attachments

- | | | |
|---|---|---|
| <input type="checkbox"/> W-9 | <input type="checkbox"/> Certificate of Insurance | <input type="checkbox"/> Safety Program |
| <input type="checkbox"/> Capability Statement | <input type="checkbox"/> Key Personnel Resumes | <input type="checkbox"/> Trade References |
| <input type="checkbox"/> Bank Reference | <input type="checkbox"/> Bonding Letter | <input type="checkbox"/> Project List |
| <input type="checkbox"/> Other | | |

Other Attachment Notes

13. Certification

I certify that the information provided in this Subcontractor Qualification Form is true and correct to the best of my knowledge.

Authorized Signature

Printed Name

Date

Title

Additional Notes