



General Contracting - Construction Management - Design-Build Services

po box 6178 - round rock, tx 78683 - tel 512.997.5892 - fax 512.238.9399

SUBCONTRACTOR'S QUALIFICATION FORM

TRADE (S): _____ DATE: _____

LEGAL NAME OF COMPANY: _____

MAILING ADDRESS: _____

_____ CITY STATE ZIP CODE

SHIPPING ADDRESS: _____

_____ CITY STATE ZIP CODE

POINT OF CONTACT: _____ OFFICE PHONE: _____

FAX PHONE: _____ CELL PHONE: _____

E-MAIL ADDRESS: _____ WEBSITE: _____

PRINCIPAL NAME OR NAMES: _____

TYPE OF ENTITY: CORPORATION SOLE PROPRIETORSHIP SUB S CORP LLC

IF CORPORATION, LIST STATE OF INCORPORATION: _____ HOW LONG HAVE YOU BEEN IN BUSINESS: _____

FEDERAL ID OR SS # : _____ NUMBER OF FULL TIME EMPLOYEES: _____

FILL IN YOUR CONTRACTOR LICENSE INFO FOR ALL STATES YOUR ARE LICENSED TO CONDUCT BUSINESS:

CONTRACTOR LICENSE #: _____ STATE: _____ CLASSIFICATION: _____ EXP DATE: _____

CONTRACTOR LICENSE #: _____ STATE: _____ CLASSIFICATION: _____ EXP DATE: _____

CONTRACTOR LICENSE #: _____ STATE: _____ CLASSIFICATION: _____ EXP DATE: _____

LIST ANY OTHER STATES IN WHICH YOU ARE QUALIFIED TO PERFORM WORK: _____

SUBCONTRACTOR'S QUALIFICATION FORM

DOES YOUR BUSINESS QUALIFY AS A: SMALL BUSINESS ENTERPRISE WOMAN OWNED SMALL DIS-ADVANTAGED 8A VETERAN OWNED SERVICE DISABLED VETERAN OWNED HUB ZONE

PLEASE ATTACH COPIES OF ALL CERTIFICATES.

LEED ACCREDITATION

NUMBER OF LEED CERTIFIED BUILDINGS THAT YOUR COMPANY HAS WORKED ON: _____

NUMBER OF LEED ACCREDITED PROFESSIONALS IN YOUR COMPANY: _____

NUMBER OF INDIVIDUALS WHO HAVE BEEN FORMALLY TRAINED TO WORK ON "SUSTAINABLE" PROJECTS: _____

SAFETY

LIST LAST THREE YEARS EXPERIENCE MODIFICATION RATIO (EMR) 20____ 20____ 20____

IF EMR RATIO IS GREATER THAN 1, ATTACH EXPLANATION. _____

DO YOU HAVE A WRITTEN SAFETY PROGRAM? YES NO

WHO IS RESPONSIBLE FOR THE COMPANY SAFETY PROGRAM: _____

ANY OSHA VIOLATIONS IN THE LAST 3 YEARS? YES NO

PLEASE USE THE THREE MOST RECENT YEAR'S OSHA NO. 300/200 LOG TO FILL IN THE NUMBER OF CASES FOR EACH OF THE FOLLOWING CATEGORIES: (ATTACH A COPY OF YOUR LAST THREE YEARS OF OSHA 300/200 LOGS)

YEAR

NO. OF FATALITIES (COLUMN G FROM 300) OR (COLUMN 1+8 FROM 200) _____

NO. OF LOST & RESTRICTED WORKDAY CASES (COLUMN H+1) OR (COLUMNS 2+9) _____

NO. OF MEDICAL TREATMENT CASES (COLUMN J) OR (COLUMNS 6+13) _____

EMPLOYEE HOURS WORKED

OSHA RECORDABLE INCIDENCE RATE _____

OSHA LOST WORKDAY INCIDENCE RATE _____

NOTE

- * ITEMS IN PARENTHESES COME FROM YOUR OSHA 300/200 LOG
- * RECORDABLE INCIDENCE RATE= (G,H,I & J) OR (1,2,6,8,9,13)X200,000/EMPLOYEE HOURS WORKED
- * LOST WORKDAY INCIDENCE RATE= (H) OR (3+10) X 200,000/EMPLOYEE HOURS WORKED
- * EMPLOYEE HOURS WORKED = TOTAL NUMBER OF HOURS WORKED DURING THE YEAR BY ALL EMPLOYEES

DO YOU HAVE A "COMPETENT" SAFETY PERSON TO ASSIGN TO EACH PROJECT? _____

PLEASE DESCRIBE THE TRAINING, EXPERIENCE, EDUCATION, ETC. THAT MAKES THIS PERSON COMPETENT:

INSURANCE

DO YOU CARRY GENERAL LIABILITY INSURANCE? YES NO

DO YOU CARRY AUTOMOBILE INSURANCE?

DO YOU CARRY UMBRELLA INSURANCE?

NOTE: MUST RETURN A CURRENT COPY OF CERTIFICATE WITH EACH INSURANCE REQUIRED LISTED AND ITS LIMIT WITH THESE FORMS.

NAME OF INSURANCE COMPANY / CARRIER: _____

AGENT : _____ PHONE: _____ FAX: _____

PAYMENT & PERFORMANCE BONDING

CAN YOU PROVIDE A PAYMENT & PERFORMANCE BOND FOR THIS PROJECT? YES NO

WHAT IS THE LARGEST PROJECT THAT YOU HAVE DONE:

UNBONDED? \$ _____ LOCATION / NAME / COMPLETION DATE: _____

BONDED? \$ _____ LOCATION / NAME / COMPLETION DATE: _____

WHAT IS THE COMPANY'S CURRENT BONDING CAPACITY: AGGREGATE \$ _____ SINGLE PROJECT \$ _____

BOND RATE (PER THOUSAND) \$ _____

NAME OF BONDING COMPANY: _____

AGENT NAME: _____ PHONE _____ FAX _____

LEGAL

HAS YOUR COMPANY OR ANY OF ITS PRINCIPALS EVER PETITIONED FOR BANKRUPTCY, FAILED IN BUSINESS, DEFAULTED OR BEEN TERMINATED ON A CONTRACT AWARDED TO YOU? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE ANY OF THE OWNERS, OFFICERS OR MAJOR STOCKHOLDERS OF YOUR COMPANY EVER BEEN INDICTED OR CONVICTED OF ANY FELONY OR OTHER CRIMINAL CONDUCT: YES NO

IF YES, PLEASE EXPLAIN: _____

HAS YOUR COMPANY EVER HAD A CLAIM MADE AGAINST IT FOR IMPROPER, DELAYED, DEFECTIVE OR NON-COMPLIANT WORK OR FAILURE TO MEET WARRANTY OBLIGATIONS? YES NO

IF YES, PLEASE EXPLAIN: _____

IS YOUR COMPANY OR ANY OF ITS OWNERS, OFFICERS OR MAJOR SHAREHOLDERS CURRENTLY INVOLVED IN ANY ARBITRATION OR LITIGATION?

YES NO

IF YES, PLEASE EXPLAIN: _____

DOES YOUR COMPANY HAVE ANY OUTSTANDING JUDGMENTS OR CLAIMS AGAINST IT?

YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE ANY LAWSUITS BEEN FILED BY OR AGAINST THE COMPANY IN THE LAST THREE YEARS?

YES NO

IF YES, PLEASE EXPLAIN: _____

HAS THE COMPANY EVER OPERATED UNDER ANOTHER NAME?

YES NO

IF YES, PLEASE EXPLAIN: _____

FINANCIALS

NOTE: PLEASE ATTACH A COPY OF YOUR CURRENT FINANCIAL STATEMENT (MINIMUM OF CURRENT BALANCES SHEET) AND PREVIOUS YEAR END FINANCIAL STATEMENT.

WAS YOUR FINANCIAL STATEMENT PREPARED BY A CERTIFIED PUBLIC ACCOUNTANT?

YES NO

BANK NAME: _____

CONTACT: _____

ACCOUNT #: _____

PHONE: _____

FAX: _____

BANK INFORMATION: TOTAL AMOUNT OF LINE(S) OF CREDIT : \$ _____

\$

UNUSED PORTION OF LINES OF CREDIT USED : \$ _____

\$

OTHER LENDER'S NAME _____

OTHER LENDER'S ADDRESS _____

OTHER LENDER'S CONTACT NAME: _____

OTHER LENDER'S CONTACT NUMBER: _____

SUPPLIERS

1. NAME: _____

ACCOUNT #: _____

DATE OF ACCOUNT OPENING: _____

PAYMENT TERMS: _____

PAY PER TERMS _____

TWELVE MONTH HIGH: _____

CURRENT BALANCE: _____

1. NAME: _____

ACCOUNT #: _____

DATE OF ACCOUNT OPENING: _____

PAYMENT TERMS: _____

PAY PER TERMS _____

TWELVE MONTH HIGH: _____

CURRENT BALANCE: _____

1. NAME: _____

ACCOUNT #: _____

DATE OF ACCOUNT OPENING: _____

PAYMENT TERMS: _____

PAY PER TERMS _____

TWELVE MONTH HIGH: _____

CURRENT BALANCE: _____

PROJECT EXPERIENCE

WHAT TYPE OF JOBS DO YOU NORMALLY DO? RETAIL COMMERCIAL INDUSTRIAL RESIDENTIAL
EDUCATION GOVERNMENT HEALTHCARE HOSPITALITY

WHAT IS THE AVERAGE DOLLAR SIZE JOB YOUR COMPANY PERFORMS: \$ _____

AVERAGE NUMBER OF PROJECTS ANNUALLY? _____

AVERAGE DOLLAR SIZE OF CURRENT PROJECT IN PROGRESS? \$ _____

HOW MANY CURRENT PROJECTS IN PROGRESS? _____

WHAT WAS YOUR COMPANY'S ANNUAL VOLUME FOR THE PAST THREE YEARS?

20 ____ \$ _____ 20 ____ \$ _____ 20 ____ \$ _____

CURRENT VALUE OF WORK ON HAND: \$ _____

PLEASE LIST BELOW SIX (6) SIMILAR PROJOCETS COMPLETED BY YOUR FIRM WITHIN THE LAST TWO (2) YEARS:
* PROJECTS SHOUD BE OF SIMILAR SITE AND SCOPE
* PLEASE LIST MULTIPLE GENERAL CONTRACTORS

1. NAME OF PROJECT: _____ DATE OF COMPLETION: _____

APPROXIMATE AMOUNT OF YOUR CONTRACT: \$ _____ BONDED ? _____

GENERAL CONTRACTOR'S NAME: _____ PHONE _____

GC REPRESENTATIVE: _____ FAX _____

NUMBER OF JOBS COMPLETED FOR THIS CONTRACTOR: _____

2. NAME OF PROJECT: _____ DATE OF COMPLETION: _____

APPROXIMATE AMOUNT OF YOUR CONTRACT: \$ _____ BONDED ? _____

GENERAL CONTRACTOR'S NAME: _____ PHONE _____

GC REPRESENTATIVE: _____ FAX _____

NUMBER OF JOBS COMPLETED FOR THIS CONTRACTOR: _____

3 . NAME OF PROJECT: _____ DATE OF COMPLETION: _____

APPROXIMATE AMOUNT OF YOUR CONTRACT: \$ _____ BONDED ? _____

GENERAL CONTRACTOR'S NAME: _____ PHONE _____

GC REPRESENTATIVE: _____ FAX _____

NUMBER OF JOBS COMPLETED FOR THIS CONTRACTOR: _____

4 . NAME OF PROJECT: _____ DATE OF COMPLETION: _____
APPROXIMATE AMOUNT OF YOUR CONTRACT: \$ _____ BONDED ? _____
GENERAL CONTRACTOR'S NAME: _____ PHONE _____
GC REPRESENTATIVE: _____ FAX _____
NUMBER OF JOBS COMPLETED FOR THIS CONTRACTOR: _____

5 . NAME OF PROJECT: _____ DATE OF COMPLETION: _____
APPROXIMATE AMOUNT OF YOUR CONTRACT: \$ _____ BONDED ? _____
GENERAL CONTRACTOR'S NAME: _____ PHONE _____
GC REPRESENTATIVE: _____ FAX _____
NUMBER OF JOBS COMPLETED FOR THIS CONTRACTOR: _____

6 . NAME OF PROJECT: _____ DATE OF COMPLETION: _____
APPROXIMATE AMOUNT OF YOUR CONTRACT: \$ _____ BONDED ? _____
GENERAL CONTRACTOR'S NAME: _____ PHONE _____
GC REPRESENTATIVE: _____ FAX _____
NUMBER OF JOBS COMPLETED FOR THIS CONTRACTOR: _____

END OF FORM