

SUBCONTRACTOR QUALIFICATION OUTLINE

Subcontractor's Project Manager: _____

Firm Name: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____ Facsimile: _____

Federal Employer Identification Number (FEIN): _____

Contractor's VA State License Number: _____ Class: _____

Is your firm address also a residential address? Yes No

Firm Type: Corporation Partnership Sole Proprietorship Joint Venture Other

Does your firm have union affiliations? Yes No

Is your firm a minority-owned business? Yes No DBE WBE MBE

Owners or Major Stockholders: _____

Name of President: _____ Years in Position: _____

Name of Vice President (s): _____ Years in Position: _____

Name of Treasurer: _____ Years in Position: _____

Date the firm was organized in its present form: _____

Have there been any recent changes in ownership or management? Yes No *(if yes, explain on a separate sheet)*

Name of Bonding Company: _____

Name of Bonding Agent: _____ Telephone: _____

Address: _____

If required, can a payment and payment bond be received for this project? Yes No

Bond Premium Rate: _____

Maximum Bonding Capacity: \$ _____ Single Project Bonding Capacity: \$ _____

Largest Bond obtained in the last three (3) years: \$ _____

Dun & Bradstreet Rating: _____

Bank Reference: _____

Name of Contact: _____ Telephone: _____

Address: _____

Is the firm now, or has it ever been involved in bankruptcy proceedings? Yes No

Is the firm now, or has it ever been involved in reorganization proceedings? Yes No

Are there any pending or outstanding judgements, claims, or suits? Yes No

Has your firm ever failed to complete a contract? Yes No

(if the answer is yes to any of the above questions, please explain on a separate sheet)

Annual sales and work in place volume for last three (3) years:

<u>Year</u>	<u>Work in Place</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Explain any limits on your firm's license: _____

Current Workers Compensation Experience Modification Rate Factor (EMR): _____

Current Number of Employees on Payroll (total): _____

_____ Office Employees

_____ Field Superintendents

_____ Field Craftsmen

Insurance:

Describe recent similar project experience (past 3 years) including contacts, addresses, and telephone numbers:

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

By signing this statement, I, _____, duly authorized as _____

(name)

(title)

of _____, affirm and certify that the information contained

(company)

herein is accurate, and also entitle XYZ company to contact references and names contained in this

questionnaire.

Date

Signature

ATTACHMENT "A"
EXPERIENCE SUMMARY

PROJECT NAME: _____

OWNER: _____

OWNER'S ADDRESS: _____

OWNER'S CONTACT: _____

OWNER'S PHONE: _____

ARCHITECT: _____

ARCHITECT'S ADDRESS: _____

ARCHITECT'S CONTACT: _____

ARCHITECT'S PHONE: _____

CONTRACT BID AMOUNT: _____

CONTRACT STARTING DATE: _____ **COMPLETION DATE:** _____

PERCENTAGE OF WORK TO BE PERFORMED BY OWN FORCES: _____ %

DESCRIPTION OF WORK PERFORMED:

SUBCONTRACTOR CHECKLIST

AFTER a decision is made to hire a subcontractor:

Subcontractor: ____

Job:

Date:

1. Contractual Requirements

If you solicited bids with a bid letter, did the letter spell out your expectations for periodic Safety meetings and any special requirements for skilled labor?

Has a detailed, written, signed contract or work order been executed?

Have you communicated your expectations that the subcontractor perform the work safely?

2. Insurance Requirements

• Does the subcontractor carry at least \$1,000,000 per occurrence general liability limits?

• Have you obtained a certificate of insurance from the subcontractor which names Your business as an additional insured on the subcontractor's general liability policy?

• Does the certificate of insurance show that you will be provided a 30-day written cancellation notice should for any reason the subcontractor's insurance be terminated?

3. Indemnification Requirements

• Does the contract or work order indicate that the subcontractor will hold you harmless for Any bodily injury, property damage and defense costs from the subcontractor's negligence?

• Does the contract clearly place the responsibility for the safety and well-being Of the subcontractor's employees with the subcontractor?

• Does the contract have an arbitration provision which allows you to deal with Disputes without having to resort to civil suits?

4. Bonding (if required)

Have you reviewed your requirement for a payment and performance bond or a bank Letter of credit from the subcontractor?

Does the contract specify that the bond extend through the guarantee period so that defects Found after the job is completed can be addressed?

Is the bonding company listed as acceptable by the U.S.Treasury?

SUBCONTRACTOR CHECKLIST

BEFORE a subcontractor is hired:

Subcontractor:

Job:

Date:

1. Prior Work History

Have you identified at least three recent jobs this subcontractor has worked on?

Have you verified the quality and timeliness of this subcontractor's work with owners and general contractors?

Do you feel that the subcontractor's employees can adequately perform the work?

2. Claims History

Have you obtained the subcontractor's Insurance Claims History for the past three years?

Have you determined the subcontractor's Workers Compensation Experience Modification Factor? (A factor of *less than 1.00* indicates a more favorable claims history)

Have you reviewed the subcontractor's OSHA 200 logs for the past three years?

3. Safety Program

Does the subcontractor have a formal, written safety program?

Will the subcontractor have a competent safety person on the job site at all times?

Does the subcontractor have an emergency response plan in the event of accidents and other serious safety situations?

4. Financial Stability

Have you verified the subcontractor's bonding line of credit (if applicable)?

Have you requested a Dun & Bradstreet, Equifax or other independent financial report? on the subcontractor?