



Subcontractor's Qualification Form

Instruction Sheet

Purpose: The information contained on the Subcontractor's Qualification form will be distributed to subcontractors for potential bid solicitation. 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.
- 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