

### SUBCONTRACTOR QUALIFICATION FORM

Date: \_\_\_\_\_

Project Name: \_\_\_\_\_

Project Location (City & State): \_\_\_\_\_

**1. Company Name and Address:**

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_

State Sales Tax Registration Number: \_\_\_\_\_

State Tax ID Number: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

**2. Is your firm signatory to local labor agreements?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, list: \_\_\_\_\_

**3. Is your firm in compliance with EEO requirements?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

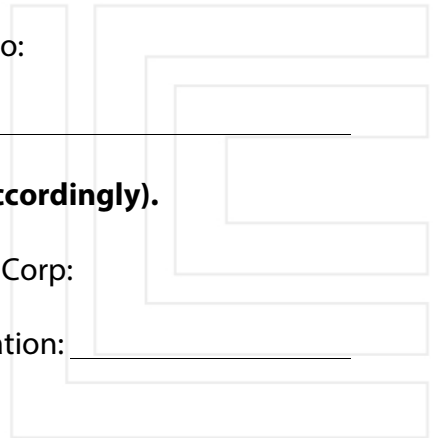
**4. Does your company use 3<sup>rd</sup> party installers?** Yes: \_\_\_\_\_ No: \_\_\_\_\_

If yes, what trades? \_\_\_\_\_

**5. Structure of company (please check one and answer questions accordingly).**

LLC: \_\_\_\_\_ PARTNERSHIP: \_\_\_\_\_ C Corp: \_\_\_\_\_ S Corp: \_\_\_\_\_

Date of organization: \_\_\_\_\_ State of Organization: \_\_\_\_\_



Name and address of Principals (specify if general or limited partnership).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CORPORATION: \_\_\_\_\_ Date of Incorporation: \_\_\_\_\_ State of incorporation: \_\_\_\_\_

President's name: \_\_\_\_\_

Vice-president's name: \_\_\_\_\_

4. **How many years has your company been in business:** \_\_\_\_\_ Years

5. **How many years has your company been in business under its present business name?** \_\_\_\_\_ Years

6. **Has your company operated under any other names?** Yes No

Name \_\_\_\_\_ Years

Name \_\_\_\_\_ Years

7. **Have you ever defaulted on a contract awarded to you?** Yes No

If yes, provide details:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. **Have you had any disputes/litigation with any other Contractor/ Owners in the past 10 years?**

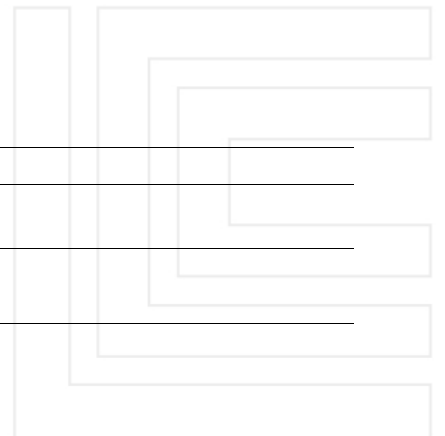
Yes No

If yes, provide details (Contractor/Owner name):

\_\_\_\_\_  
\_\_\_\_\_

9. **What is your current contract backlog value?** \$ \_\_\_\_\_

10. **What is your average backlog for the past three fiscal periods?** \$ \_\_\_\_\_



11. **YTD and last two years of revenue:** Year \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Year \_\_\_\_\_ Amount \$ \_\_\_\_\_  
Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

12. **What is your average contract size for the last three years?** \$ \_\_\_\_\_

13. **What is your largest contract performed in the last three years?** \$ \_\_\_\_\_

Were you required to provide a bond for this contract? Yes No

14. **Insurance Company Information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Agent Name: \_\_\_\_\_

15. **Finance/Banking:**

a. Bank Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone (direct): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

b. **Please provide a letter from your bank indicating your current bank balances and lines of credit are adequate to finance the size of contract that you are requesting.**

c. **Provide a copy of the most recent period end audited, reviewed or compiled financial statements, as well as your organization's most recent balance sheet and income statement for analysis.** (Please note: Your company financial statements will be kept **strictly confidential**. Access and review of your financial statements will be limited to Loeffler Construction and Consulting's president and financial manager). Summary financial statements prepared by an independent accounting firm may be acceptable in lieu of financial statements. Additional requests for financial information may follow our analysis.

***Without the items noted above, we reserve the right to disqualify your firm.***

16. **Bonding Company Information:**

Name (Surety issuing bond) \_\_\_\_\_

What is your bond rate? \_\_\_\_\_

What is your cost of a performance and payment bond for this project? \_\_\_\_\_

Bonding Capacity - Single Job: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Value of work currently bonded: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone (Direct): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

17. **Safety and Loss Control Data:**

List your firm's experience rate (EMR) for the past three years as well as the current year.

Year	EMR rate	State of:
_____	_____	_____
_____	_____	_____
_____	_____	_____

18. **Has your company had any OSHA citations in the past five years?** Yes No

Citation: \_\_\_\_\_ Date: \_\_\_\_\_

Citation: \_\_\_\_\_ Date: \_\_\_\_\_

Citation: \_\_\_\_\_ Date: \_\_\_\_\_

19. **List subcontractors or Material Suppliers will you use on this project?**

**Vendor 1** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

**Vendor 2** Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Contact: \_\_\_\_\_

20. **Self-Perform:** Describe the scopes of work that you intend to self-perform on this project.

\_\_\_\_\_

21. **Is your company a Certified:**

Agency certified by:

Minority Business Enterprise: Yes No \_\_\_\_\_

Small Business Enterprise: Yes No \_\_\_\_\_

Woman Business Enterprise: Yes No \_\_\_\_\_

Service Disabled Veteran: Yes No \_\_\_\_\_

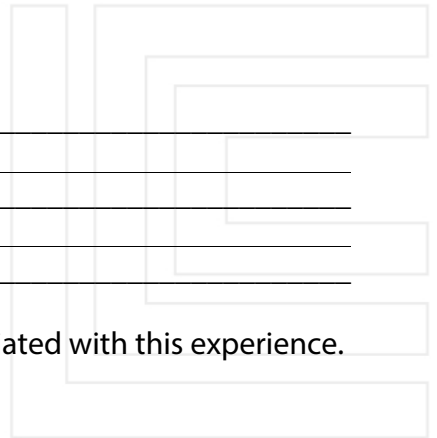
22. **Past Project Experience:** List projects that are similar in scope to this project completed within the last five years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

23. **Customer Experience:** List any projects completed for this client.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

24. **Reference Letters:** Provide reference letters from the clients associated with this experience. Please attach to this prequalification.



25. **Schedule:** Time is of the essence. Do you represent that you have the quality and quantity of crafts people to maintain the schedule presented by Loeffler Construction & Consulting?

Yes:

No:

26. **Payment Terms:** Progress billing payments to your company will be processed on a "pay if paid and pay when paid basis with retention held. Do you represent that you have adequate financial resources to finance your portion of the project until payment can be processed? (Normally 30-45 days)

Yes:

No:

**Please have this form signed by an authorized officer of the company:**

Thank you for completing this form.

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

