

SUBCONTRACTOR BID QUALIFICATION FORM

(Completion of this qualification application form is required from **all** subcontractors on an annual basis)



GENERAL COMPANY INFORMATION:

Legal Company Name:			
Street Address:		Mailing Address:	
City, State Zip:		City, State, Zip:	
Main Office Phone:		Main Office Fax:	
D/B/A:		Parent Company (if applicable):	
Company Organization: Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>			
Officers / Partners / Principals: (or other authorized check signers)		Title:	Years w/ company
			Authorized to sign checks
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
			<input type="checkbox"/> yes <input type="checkbox"/> no
SIGNING AUTHORITIES:			
Name:		Email:	
Who has Contract Signing Authority for Company:			
Signing Authority for Pay Apps:			
Signing Authority for Lien Releases:			
Date of Origination:		Other / Former Names:	
M/W/D/B/E Certifications:			
PRIMARY ESTIMATOR:		Email:	
Phone #:		Fax:	

SCOPE INFORMATION:

Scopes Bid:	CSI Div	Self-Performed <input type="checkbox"/>	Subcontracted <input type="checkbox"/>
Scopes Bid:	CSI Div	Self-Performed <input type="checkbox"/>	Subcontracted <input type="checkbox"/>
Scopes Bid:	CSI Div	Self-Performed <input type="checkbox"/>	Subcontracted <input type="checkbox"/>
Scopes Bid:	CSI Div	Self-Performed <input type="checkbox"/>	Subcontracted <input type="checkbox"/>

BONDING / SURETY INFORMATION *Please submit Bonding Letter when applicable to the project

Surety Name:	
Bonding Agent Company / Contact Name:	
Mailing Address	City, State, Zip:
Phone No:	Fax No:
Payment & Performance Bond Capacity Per Job:	Payment & Performance Bond Capacity Aggregate:
Bond Premium Rate:	Date of Last Bond Issued:

SUBCONTRACTOR BID QUALIFICATION FORM



List Trade references including contact name and number

TRADE REFERENCES		
MAJOR SUPPLIER / TIER SUB	CONTACT NAME	CONTACT's PHONE / EMAIL

List Owner and/or General Contractor references including contact name and number

OWNER GENERAL CONTRACTOR REFERENCES		
OWNER / GENERAL CONTRACTOR	CONTACT NAME	CONTACT's PHONE / EMAIL

Has your company or any of its owners, officers or major shareholders ever petitioned for bankruptcy, been terminated on a contract or failed to complete work awarded it?

If YES, explain: _____

Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation or have any outstanding judgments or claims against it?

If YES, explain: _____

Workers' Compensation Experience Modification Rate (EMR) as of the three most recent years:

2016		2015		2014	
-------------	--	-------------	--	-------------	--

Please indicate any circumstances or unusual events that may have contributed to an elevated EMR (over 1.0) as well as any safety program changes subsequently enacted to enhance the safety of your workers.

OSHA 300 Information:	2016	2015	2014
Total Number of Recordable Claims			
Total Number of Lost Time Injuries			
Total Number of Fatalities			

SUBCONTRACTOR BID QUALIFICATION FORM



INSURANCE: Please indicate your current policy limits for each of the following coverage:

Description	Maximum \$ Limit	Carrier / Underwriter	Check if you meet the following insurance requirements
General Liability			
General Aggregate (per project)	\$2,000,000.00	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Each Occurrence	\$1,000,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No
Products – Completed Ops	\$2,000,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No
Personal & Advertising Injury	\$1,000,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No
Automobile Liability (Any Auto)	\$1,000,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No
Excess / Umbrella Liability	\$1,000,000.00		<input type="checkbox"/> Yes <input type="checkbox"/> No

Does your company carry Workers Comp Insurance? Yes No If yes, what is the policy limit? _____

Please indicate who the primary point of contact for insurance related issues is within your firm

Contact, Title:	Email:
Phone:	Fax:

Please provide the contact information of your General Liability Insurance Agent / Broker

Contact, Company:	Email:
Phone:	Fax:

Please provide the contact information of your Workers Comp. Insurance Agent / Broker

Contact, Company:	Email:
Phone:	Fax:

IMPORTANT: To complete the prequalification process the following documents must be submitted:

- SAMPLE CERTIFICATE OF INSURANCE** - Evidencing all coverage stated above.
- SAMPLE ADDITIONAL INSURED ENDORSEMENT(S)** - Demonstrating your policy's language as it applies to named additional insureds (i.e. primary, non-contributory, etc.) and completed operations.

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
 If this application leads to employment/subcontracting opportunities, I understand that false or misleading information in my application or interview may result in my Companies release and not being considered for future employment/subcontracting opportunities.

Signature/ Title	Date
---------------------	------

Please fill out application complete and fax a copy to 864-235-1776 or send via email to sub@creativebuilders.net

Please remember to include any certifications for HUD, MWDBE/SBE and SECTION 3!

For Office Use Only:

Submittal Date: ____ / ____ / ____

Ins. Safety Bond Fin. BCKD

Approval Status: _____

Employee: _____