

# SUBCONTRACTOR QUALIFICATION FORM



## SUBCONTRACTOR QUALIFICATION SHEET

Company Name:	
Mailing Address:	
City, State, Zip:	
Office No.:	
Office Cell #:	
Office Fax #:	
Main Contact Person:	
Main Contact Email:	
Scope of Work:	

### A. FIRM INFORMATION

- How many years has your firm been in business as a Contractor? \_\_\_\_\_YEARS
- How many years has your firm been in business under its present business name? \_\_\_\_\_YEARS
- Under what other or former names has your firm operated? \_\_\_\_\_
- What is the name of the Primary Principal at your firm? \_\_\_\_\_
- Number of Employees (Office only)? \_\_\_\_\_
- Number of Employees (Field only)? \_\_\_\_\_
- Does your firm currently hold certification within the following Equal Employment Opportunity categories:

<input type="checkbox"/>	Disadvantaged Business Enterprise	Exp.
<input type="checkbox"/>	Date: Minority Business Enterprise	Exp.
<input type="checkbox"/>	Date: Women's Business Enterprise	Exp.
<input type="checkbox"/>	Date: Small Business Concern/Enterprise	Exp.
<input type="checkbox"/>	Date: Other:	Exp.
	Date:	

- Do you have General Liability and Worker's Compensation insurance? \_\_\_ Yes \_\_\_ No  
Please email your insurance certification to [jwinslow@meritkc.com](mailto:jwinslow@meritkc.com) and [agross@meritkc.com](mailto:agross@meritkc.com)
- What is your latest MOD rating? \_\_\_\_\_

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## B. PERFORMANCE

1. Has your firm ever failed to complete any work awarded to it?  Yes  No
2. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your firm or its Officers?  Yes  No
3. Has your firm filed any lawsuits or requested arbitration with regard to construction contracts within the last five (5) years?  Yes  No
4. Within the last five (5) years, has any Officer or Principal of your firm been an Officer or Principal of another organization?  Yes  No
5. Is your firm currently working on any Bonded Construction Projects?  Yes  No
6. What is the Total Aggregate Bonding Capacity of your firm? \$ \_\_\_\_\_
7. Please select the one category that best applies to your firm:

	Annual Gross Revenue
	<\$50,000
	\$50,000 to \$250,000
	\$250,000 to \$500,000
	\$500,000 to \$1,000,000
	\$1,000,000 to \$2,500,000
	>\$2,500,000

## C. SAFETY

1. Typical safety training for field staff includes:  OSHA 10  OSHA 30  Other
  - a. Other (please explain): \_\_\_\_\_
2. Has your firm received an OSHA citation within the past three (3) years?  Yes  No
3. Has your firm had any fatalities in the past three (3) years?  Yes  No
4. Does your firm have a drug testing program?  Yes  No
5. If your firm does have a drug testing program, is it:  
Circle One: None / Pre-Employment / Post Accident / Random / Just Cause

## D. REFERENCES

Please provide three (3) professional references for your firm:

Company Name:	
Phone Number:	
Contact Name:	
Relationship:	Client

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Company Name:	
Phone Number:	
Contact Name:	
Relationship:	Architect

Company Name:	
Phone Number:	
Contact Name:	
Relationship:	Subcontractor or Supplier