



SUBCONTRACTOR QUALIFICATION FORM

Type of work performed: _____

COMPANY BIOGRAPHY

Firm: _____ Phone: _____

Address: _____ Fax: _____

_____ Email: _____

State _____ Zip _____ Sales Contact: _____

President: _____

Federal ID#: _____

Date Company began under present name: _____

Years performing work specialty: _____

Former Co. Name: _____

Firm Type: Corporation LLC Sole Proprietorship Partnership

Locations firm will perform work in: _____

Has firm: failed to complete a contract; yes or no
 Been involved in a bankruptcy or reorganization; yes or no
 Pending judgements, claims or suits against firm; yes or no
(if answer is yes to any of above three questions, submit details on a separate sheet.)

List number of staff employed: _____

Portions of work to be completed by Sub-subcontractors: _____

BANK INFORMATION

Bank reference: _____ Phone Number: _____

Bank contact name: _____

Address: _____

State _____ Zip _____

FINANCIAL INFORMATION

Annual sales last 3 years: \$ _____ Year: _____

\$ _____ Year: _____

\$ _____ Year: _____

INSURANCE: (“CLAIMS-MADE” GENERAL LIABILITY IS UNACCEPTABLE)

PLEASE PROVIDE A SAMPLE CERTIFICATE INDICATING LIMITS OF COVERAGE. WE HAVE ATTACHED A SAMPLE COI OF OUR SUBCONTRACT REQUIREMENTS.

COMMERCIAL GENERAL LIABILITY: \$ _____ AUTO: \$ _____ WORKERS COMP: _____

EXCESS UMBRELLA COVERAGE: \$ _____

INSURANCE AGENCY: _____

PHONE NO.: _____ CONTACT’S NAME: _____

SAFETY

FIRMS WORKERS COMPENSATION EXPERIENCE MODIFICATION FACTOR FOR THE PAST 3 YEARS: _____, _____, _____

DOES YOUR FIRM HAVE A WRITTEN SAFETY PROGRAM? Y N

DO YOU HAVE AN ORIENTATION PROGRAM FOR NEW HIRES? Y N

IN THE PREVIOUS 3 YEARS HAS YOUR FIRM BEEN CITED FOR A SERIOUS (AS DEFINED BY O.S.H.A.) VIOLATION? Y N

IF YES, EXPLAIN:

PROVIDE STATE CERTIFICATION/ LICENSE OR MANUFACTURER CERTIFICATIONS

PERFORMANCE HISTORY

LIST FOUR (4) MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS.

PROJECT & LOCATION	G.C./ CONTACT/ PHONE	CONTRACT AMT.	DATE COMP.
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LIST PROJECTS PRESENTLY UNDER CONSTRUCTION AND PROJECTS EXPECTED TO START WITHIN THE NEXT 3 MONTHS.

PROJECT & LOCATION	G.C./CONTACT/PHONE	CONTRACT AMT.	% COMP.	DATE COMP.	EXPTD COMP DATE
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TRADE REFERENCE

List the three (3) most significant suppliers that your firm deals with on a regular basis.

Company	Contact Person	Phone No.	High Credit Limit
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VERIFICATION OF ACCURACY AND AUTHORIZATION TO RELEASE CREDIT INFORMATION

The applicant _____ (Firm’s name) hereby verifies that all Statements made herein are true and accurate to the best of its knowledge. The Applicant authorizes Hooks Construction the right to make any and all inquiries necessary for assessing credit and performance history. The Applicant hereby indemnifies Hooks Construction and its agents, from any liability resulting from their credit and performance survey.

This form must be signed by an Officer or an individual so authorized by an Officer of the firm.

Signature: _____ Date: _____

Name: _____ Title: _____

FOR INTERNAL USE ONLY- DO NOT FILL IN

REFERENCE CONTACTED	DATE	CONTACT	REMARKS
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BANK CONTACTED

RECOMMEND THIS FIRM BE PLACED ON BIDDER LIST. Y N

DO NOT RECOMMEND THIS FIRM BE PLACED ON BIDDER LIST, BECAUSE:

