

# SUBCONTRACTOR QUALIFICATION APPLICATION

## COMPANY INFORMATION

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

Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

### ACCOUNTING:

REMIT TO Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Our Accounting Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

### ESTIMATING:

#1 Our Estimating Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

#2 Our Estimating Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Cell: \_\_\_\_\_

Years in business: \_\_\_\_\_ Have you ever operated under another name?  Yes  No

If yes, please explain: \_\_\_\_\_

<b>PLEASE SELECT</b> <input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> Other _____	<b>PLEASE SELECT:</b> <input type="checkbox"/> Minority Owned <input type="checkbox"/> Woman Owned <input type="checkbox"/> Disabled Vet Owned <input type="checkbox"/> None of the Above	<b>PLEASE SELECT:</b> <input type="checkbox"/> Union <input type="checkbox"/> Non-Union
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Federal Tax ID#: \_\_\_\_\_ Is this a social security number?  Yes  No

MN Tax ID#: \_\_\_\_\_ Contractor License# (if applicable): \_\_\_\_\_

Company Name above is identical to this taxpayer ID number?  Yes  No

If no, the name associated with the Taxpayer ID number is: \_\_\_\_\_

1) Have you ever not paid your subcontractors/suppliers for completed work?  Yes  No

If yes, please explain: \_\_\_\_\_

2) Currently or within the last five years, has your firm or any predecessor organization been involved in any litigation, arbitration, or legal dispute with an owner, architect, or general contractor?  Yes  No

If yes, please explain: \_\_\_\_\_

3) In the last five years, has your firm or any predecessor organization had any judgments made against you?  Yes  No

If yes, please explain: \_\_\_\_\_

4) Within the last five years, has your firm or any predecessor organization, or any principal in the firm filed for bankruptcy?  Yes  No

If yes, please explain: \_\_\_\_\_

5) Has your company ever defaulted on or failed to complete a project?  Yes  No

If yes, please explain: \_\_\_\_\_

## WORK YOU PROVIDE

DIVISION: \_\_\_\_\_

SCOPE OF WORK: \_\_\_\_\_

## CLIENT HISTORY

Please list all the other General Contractors you have completed work with:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

## PROJECT INFORMATION

What size of projects have you worked on (total **construction** cost)  500,000 or less  <1 Mil.  1 to 5 Mil.  >5 Mil.

Type of work you subcontract to others: \_\_\_\_\_

Percentage of work you subcontract to others: \_\_\_\_\_

List two (2) of your primary competitors and explain why you offer a competitive advantage:

1. \_\_\_\_\_ 2. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## SAFETY

Does your firm have a company-wide safety program? \_\_\_\_\_

Please list any OSHA citations against your firm for the past five years and the outcome of each citation.

\_\_\_\_\_

Worker's Comp. experience Modification rates for the last three (3) years:

\_\_\_\_\_

Please list the number of recordable injury/illness cases for the last three (3) years:

\_\_\_\_\_

## SIGNATURE

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge and belief.

Authorized signing officer: \_\_\_\_\_ Date: \_\_\_\_\_

Printed name: \_\_\_\_\_

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