



SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

| | | |
|--|--|---------------------|
| Type of Company <input type="radio"/> Subcontractor (Material & Installation) <input type="radio"/> Subcontractor (Installation Only) <input type="radio"/> Supplier (Material Only) | Approved By: <hr/> Logged By: <hr/> Date Logged: | For Office Use Only |
|--|--|---------------------|

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |

| | | |
|-----------------|--------------------|--------------|
| Company Website | Dun & Bradstreet # | Federal ID # |
|-----------------|--------------------|--------------|

| | | |
|----------------------------------|----------|---------|
| Principal Contact | Title | Phone # |
| Principal Contact E-mail Address | Mobile # | Fax # |

| | | |
|-----------------------------------|----------|---------|
| Estimating Contact | Title | Phone # |
| Estimating Contact E-mail Address | Mobile # | Fax # |

| | | | | | | |
|--------------------------------------|------------------------|-----------------------------------|-------------------------------|--------------------------------------|--|-------------------------------------|
| Date of Incorporation | State of Incorporation | LLC <input type="radio"/> | Corp <input type="radio"/> | Partnership <input type="radio"/> | Sole Proprietor <input type="radio"/> | Sub S Corp <input type="radio"/> |
| Years in Business Under Current Name | # of Employees | Avg Project Size (Contract Value) | Avg Annual Revenue | Current Year Projected Revenue | Backlog | |

Under what other names has your Company operated? Give Dates.

What type of labor does your company supply? Open Shop (non-union) Union Both

| | | | | |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------------|
| Do you have a written safety program? | Yes <input type="radio"/> | No <input type="radio"/> | Experience Modification Rate(EMR) | # of OSHA violations in past 5 yrs |
|---------------------------------------|------------------------------|-----------------------------|-----------------------------------|------------------------------------|

| | | | | | | |
|---|------------------------------|-----------------------------|--------------------|------------------------------|------------------------------|------------------------------|
| Is your company a certified minority business enterprise? | Yes <input type="radio"/> | No <input type="radio"/> | If yes, what type? | DBE <input type="radio"/> | MBE <input type="radio"/> | WBE <input type="radio"/> |
|---|------------------------------|-----------------------------|--------------------|------------------------------|------------------------------|------------------------------|

If a minority business enterprise, certified by who? _____

Please list all state(s) where your company is properly licensed to perform work. Please attach copies of all applicable licenses.

| | | |
|-----------------|-----------------|-----------------|
| State License # | State License # | State License # |
| State License # | State License # | State License # |
| State License # | State License # | State License # |

SUBCONTRACTOR/SUPPLIER SCOPE OF WORK

Please list all of the trades your company performs or supplies. Please check all that apply.

General Conditions

- Professional Consultant (& Surveying)
- Barrier & Enclosures (& Security)
- Equipment Rental
- Cleaning
- Other _____

Sitework

- Site Demolition
- Sawcutting
- Clearing & Grubbing
- Mass Excavation
- Soil Treatment (& Termite)
- Erosion Control
- Utility Services
- Asphalt Paving
- Curb & Gutter
- Striping
- Landscaping
- Irrigation Systems
- Fencing & Gates
- Other _____

Concrete

- Concrete Forms
- Reinforcing Steel
- Cast-in-place Concrete
- Ready Mix Concrete
- Post-tensioned Structural Concrete
- Concrete Finishing
- Precast/Prestressed Concrete
- Architectural Precast
- Hollow Core Precast
- Tilt-up Precast
- Lightweight Concrete Roof Insulation
- Concrete Resurfacing
- Other _____

Masonry

- Basic Masonry
- Clay Masonry
- Concrete Masonry
- Glass Masonry
- Stone
- Masonry Restoration & Cleaning
- Other _____

Metals

- Structural Steel Fabrication
- Structural Steel Erection
- Steel Joists
- Steel Decking
- Cold Formed Metal Framing
- Metal Fabrications
- Metal Stairs & Ladders
- Handrails & Railings
- Ornamental Metals
- Other _____

Wood & Plastics

- Rough Carpentry
- Heavy Timber Framing
- Prefabricated Structural Wood
- Glued-Laminated Construction
- Finish Carpentry

- Millwork
- Architectural Woodwork
- Custom Cabinetry
- Non-structural Plastics
- Other _____

Thermal & Moisture Protection

- Waterproofing
- Building Insulation
- Masonry Insulation
- Shingles
- Roof Tiles
- Metal Roof & Wall Panels
- Siding (& Soffits)
- Membrane Roofing (& Built-up)
- Flashing & Sheetmetal
- Gutters & Downspouts
- Roof Accessories (Hatches, vents, etc)
- Cementitious Fireproofing
- Firestopping
- Caulking & Sealants
- Other _____

Doors & Windows

- Door, Frame & Hardware Installation
- Metal Doors & Frames
- Wood & Plastic Doors
- Specialty Doors
- Access Doors & Panels
- Special Function Doors
- Overhead & Coiling Doors
- Entrances & Storefront
- Automatic Doors
- Aluminum Windows
- Wood Windows
- Skylights
- Door Hardware
- Glazing
- Glazed Curtain Wall
- Other _____

Finishes

- Non-load Bearing Wall Framing
- Furring & Lathing
- STUCCO/EIFS
- Drywall
- Tile
- Terrazzo
- Acoustical Ceilings
- Marble Flooring (& Other Stone)
- Wood Strip Flooring
- Resilient Tile Flooring
- Composition Flooring
- Carpet
- Wall Coverings
- Acoustical Treatment
- Painting & Coatings
- Glazed Coatings (& Elastometric)
- Other _____

Specialties

- Visual Display Boards
- Toilet Partitions
- Cubicles
- Wall Louvers

- Wall & Corner Guards
- Access Flooring
- Flagpoles
- Signage
- Lockers
- Awnings & Canopies
- Wire Mesh Partitions
- Demountable Partitions
- Folding Panel Partitions
- Storage Shelving
- Toilet Accessories
- Other _____

Equipment

- Security & Vault Equipment
- Theater & Stage Equipment
- Audio-Visual Equipment
- Parking Control Equipment
- Loading Dock Equipment
- Food Service Equipment
- Athletic & Therapeutic Equipment
- Laboratory Equipment
- Medical Equipment
- Other _____

Furnishings

- Manufactured Casework
- Floor Mats & Frames
- Blinds & Shades
- Furniture
- Multiple Seating (Theater)
- Other _____

Special Construction

- Special Purpose Rooms (Sauna)
- Lightning Protection
- Pre-engineered Structures
- Swimming Pools
- Storage Tanks
- Hazardous Material Remediation
- Solar & Wind Energy
- Security Access & Surveillance
- Other _____

Conveying Systems

- Dumbwaiters
- Elevators
- Escalators & Moving Walks
- Lifts
- Other _____

Mechanical

- Plumbing
- Fire Suppression (Sprinkler)
- HVAC
- Testing & Balancing
- Other _____

Electrical

- Electrical Subcontractor
- Lighting
- Communications
- Sound & Video
- Controls
- Other _____



REFERENCES

Please supply at least three General Contractors or Subcontractors that you have previously performed work for as well as at least three suppliers/vendors from who you regularly purchase materials and at least one banking reference.

General Contractor/Subcontractor

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |
| Principal Contact | Title | Phone # |

General Contractor/Subcontractor

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |
| Principal Contact | Title | Phone # |

General Contractor/Subcontractor

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |
| Principal Contact | Title | Phone # |

Supplier/Vendor

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |
| Principal Contact | Title | Phone # |

Supplier/Vendor

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |
| Principal Contact | Title | Phone # |

Supplier/Vendor

| | | |
|--------------------|-----------------|------------|
| Company Legal Name | Main Phone # | Main Fax # |
| Physical Address | Mailing Address | |
| City State Zip | City State Zip | |
| Principal Contact | Title | Phone # |



REFERENCES Continued...

Please supply at least three General Contractors or Subcontractors that you have previously performed work for as well as at least three suppliers/vendors from who you regularly purchase materials and at least one banking reference.

Banking Reference

Please supply a banking reference for the branch where most of your banking transactions are made.

| | | | | | |
|----------------|-------|-----|------------------------------------|----------------|--|
| Banks Names | | | Bank Representative Name | | |
| Branch Address | | | Bank Rep Phone # | Bank Rep Fax # | |
| City | State | Zip | Bank Representative E-mail Address | | |

Bonding

| | | | |
|---|------------------------------|-----------------------------|------------------------------|
| Can you provide a Payment and Performance Bond? | Yes <input type="radio"/> | No <input type="radio"/> | Bonding Capacity (Aggregate) |
|---|------------------------------|-----------------------------|------------------------------|

| | | |
|--|------------------------------|-----------------------------|
| Can you provide a letter from your surety company verifying your ability to provide bonding? | Yes <input type="radio"/> | No <input type="radio"/> |
|--|------------------------------|-----------------------------|

| | | |
|-----------------|--------------|----------------|
| Bonding Company | Agent's Name | Agents Phone # |
|-----------------|--------------|----------------|

| | | | |
|--|------------------------------|-----------------------------|---------------------------------------|
| Has a Bonding Company ever had to complete a project on your behalf? | Yes <input type="radio"/> | No <input type="radio"/> | If Yes, Please attach an explanation. |
|--|------------------------------|-----------------------------|---------------------------------------|

Legal

| | | | |
|---|------------------------------|-----------------------------|--|
| Is your Company currently involved in any litigation/arbitration? | Yes <input type="radio"/> | No <input type="radio"/> | If yes, please attach a brief summary. |
|---|------------------------------|-----------------------------|--|

Financial

Please attach your most recent CPA prepared financial statement to include, at a minimum, the last two years. If a CPA prepared statement is not available, please provide internal financial statements for the last two years.

| | | |
|------------------------------------|------------------------------|-----------------------------|
| Is a Financial Statement attached? | Yes <input type="radio"/> | No <input type="radio"/> |
|------------------------------------|------------------------------|-----------------------------|

Business Ownership (attach additional sheets if necessary)

| Name | SSN/EIN | Individual? <input type="radio"/> | Corporation? <input type="radio"/> | Partnership? <input type="radio"/> | Percentage Owned |
|------|---------|--------------------------------------|---------------------------------------|---------------------------------------|------------------|
| Name | SSN/EIN | Individual? <input type="radio"/> | Individual? <input type="radio"/> | Individual? <input type="radio"/> | Percentage Owned |
| Name | SSN/EIN | Individual? <input type="radio"/> | Individual? <input type="radio"/> | Individual? <input type="radio"/> | Percentage Owned |
| Name | SSN/EIN | Individual? <input type="radio"/> | Individual? <input type="radio"/> | Individual? <input type="radio"/> | Percentage Owned |

| | | |
|--|------------------------------|-----------------------------|
| Have <u>any</u> of the above owners ever filed for bankruptcy? | Yes <input type="radio"/> | No <input type="radio"/> |
|--|------------------------------|-----------------------------|

Officers & Key Individuals

| Name | Title | Years of Experience | Years with Company |
|------|-------|---------------------|--------------------|
| Name | Title | Years of Experience | Years with Company |
| Name | Title | Years of Experience | Years with Company |
| Name | Title | Years of Experience | Years with Company |
| Name | Title | Years of Experience | Years with Company |
| Name | Title | Years of Experience | Years with Company |



CURRENT PROJECTS

List the most significant projects, currently under construction. Attach additional pages if necessary.

| | | | |
|------------------------------|------------------------------------|--|---|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Project Scheduled Completion | Your Contract Scheduled Completion | Scope of Work your Company is performing | Were you required to Bond this project? |

| | | | |
|------------------------------|------------------------------------|--|---|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Project Scheduled Completion | Your Contract Scheduled Completion | Scope of Work your Company is performing | Were you required to Bond this project? |

| | | | |
|------------------------------|------------------------------------|--|---|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Project Scheduled Completion | Your Contract Scheduled Completion | Scope of Work your Company is performing | Were you required to Bond this project? |

| | | | |
|------------------------------|------------------------------------|--|---|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Project Scheduled Completion | Your Contract Scheduled Completion | Scope of Work your Company is performing | Were you required to Bond this project? |

ATTACHED ADDITIONAL PAGES IF NECESSARY



COMPLETED PROJECTS

What is the largest project your Company has ever completed?

| | | | |
|-----------------------|---|----------------------------|-------------------------|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Date Completed | Scope of Work performed by your Company | | |

List the most significant projects completed in the past 5 years, under your current business name. Attach additional pages if necessary. Do not include projects that were listed as currently under construction on page 5.

| | | | |
|-----------------------|---|----------------------------|-------------------------|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Date Completed | Scope of Work performed by your Company | | |

| | | | |
|-----------------------|---|----------------------------|-------------------------|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Date Completed | Scope of Work performed by your Company | | |

| | | | |
|-----------------------|---|----------------------------|-------------------------|
| Project Name | | Project Location | |
| Overall Project Value | Your Company's Contract Value | Total Project Duration | Your Contract Duration |
| Project Owner | | Owner's Representative | Owner's Rep Phone # |
| Project Architect | | Architect's Representative | Architect's Rep Phone # |
| General Contractor | | GC Representative | GC Rep Phone # |
| Date Completed | Scope of Work performed by your Company | | |



**SUBCONTRACTOR/SUPPLIER
 QUALIFICATION FORM**

Insurance

Amason & Associates, Inc. will require the following minimum limits with respect to corporate insurance.

General Liability

| | | | | | |
|--|---------------------------|--------------------------------|--|-------------------|-----------------------------------|
| Each Occurance | Damage to Rented Premises | Medical Expenses (Each Person) | Personal & Adv Injury | General Aggregate | Products - Completed/OP Aggregate |
| \$1,000,000 | \$50,000 | \$5,000 | \$1,000,000 | \$2,000,000 | \$2,000,000 |
| Genral Liability must apply per occurrence | | | Aggregate limit must apply per project | | |

Automobile Liability

| | |
|--|--------------------------------------|
| Limits must apply to all owned autos, hired autos and non-owned autos. | Combined Single Limit \$1,000,000 |
|--|--------------------------------------|

Worker's Compensation & Employer's Liability

| | | | |
|------------------|----------------------------|---------------------------|--|
| EL Each Accident | EL Disease - Each Employee | EL Disease - Policy Limit | Limits must apply to the statutory limits for each state and a Waiver of Subrogation must be provided. |
| \$100,000 | \$100,000 | \$500,000 | |

In addition the the limits above, Amason & Associates, Inc. will require and subcontractor and/or supplier to list Amason & Associates, Inc. as a "NAMED ADDITIONAL INSURED" and supply, at a minimum, a 30-day written cancellation notice.

NOTE: *These requirements are provided for information purposes only. Contract requirements may vary.*

| | | |
|--|------------------------------|-----------------------------|
| Can you provide insurance based on the above requirements? | Yes <input type="radio"/> | No <input type="radio"/> |
|--|------------------------------|-----------------------------|

Checklist

- | | | |
|------------------------------|-----------------------------|--|
| Yes <input type="radio"/> | No <input type="radio"/> | Is a copy of your General Contractor's License for all applicable states attached? |
| Yes <input type="radio"/> | No <input type="radio"/> | Is a copy of your Subcontractor's License for all applicable states attached? |
| Yes <input type="radio"/> | No <input type="radio"/> | Is a Certificate of Insurance attached? |
| Yes <input type="radio"/> | No <input type="radio"/> | Is a Surety Letter attached? |
| Yes <input type="radio"/> | No <input type="radio"/> | Is a Financial Statement Attached? |
| Yes <input type="radio"/> | No <input type="radio"/> | Is a brief description of all litigation attached? |

Acknowledgement **MUST BE SIGNED BY AN OFFICER OF THE COMPANY**

I, _____, certify that I am a resident of the state of _____ and am at least 19 years of age. I further certify that the information provided in the document is true and accurate to the best of my knowledge.

Signature (Officer of the Company)

Date

Title