



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:	For Office Use Only
	Logged By:	
	Date Logged:	

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

Company Website	Dun & Bradstreet #	Federal ID #
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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
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Is your company a certified minority business enterprise? Yes No If yes, what type? DBE MBE WBE

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

- Small Tools & Supplies
- Cleaning
- Materials Testing
- Professional Consult. (& Surveying)
- Equipment Rental
- Other _____

Sitework

- Asphalt Paving
- Curb & Gutter
- Erosion Control
- Temp Site Fencing & Gates
- Permanent Fencing & Gates
- Landscape & Irrigation
- Sawcutting
- Site Contractor
- Site Demolition
- Soil Treatment (& Termite)
- Striping
- Utility Services
- Other _____

Concrete

- Architectural Precast
- Cast-in-place Concrete Contractor
- Concrete Finishing
- Concrete Walls
- Hollow Core Concrete Plank
- Post-tensioned Structural Concrete
- Precast/Prestressed Concrete
- Concrete Material Supplier
- Reinforcing & Material Supplier
- Tilt-up Precast
- Gypcrete Subcontractor
- Other _____

Masonry

- Masonry Contractor
- Masonry Materials Supplier
- Architectural Stone Contractor
- Architectural Stone Supplier
- Other _____

Metals

- Speciality Metal Fabrications
- Metal Trusses
- Structural Steel Erection
- Structural Steel Fabrication
- Other _____

Wood & Plastics

- Cabinets & Millwork Contractor
- Trim Contr. / Trim Installer
- Specialty Casework Contractor
- Rough Carpentry Contr. / Framer
- Lumber Materials Supplier

- Prefabricated Wood Trusses
- Other _____

Thermal & Moisture Protection

- Roofing Materials Supplier
- Building Insulation Contractor
- Caulking, Sealants, & Firestopping Contr.
- Cementitious / Intumescent Fireproofing Contractor
- Flashing & Sheetmetal Contractor
- Membrane Roof Contractor (& Built-up)
- Metal Roof & Wall Panels
- Shingle Roofing Contractor
- Siding (& Soffits)
- Waterproofing Contractor
- Other _____

Doors & Windows

- Access Doors & Panels
- Aluminum Windows
- Automatic Doors
- Door Hardware Supplier
- Door, Frame, & Hardware Installation
- Storefront & Glazed Curtain Wall Contractor
- Metal Door & Frame Supplier
- Overhead & Coiling Doors
- Special Function Doors
- Wood & Plastic Door Supplier
- Wood Windows
- Other _____

Finishes

- Acoustical Treatment
- Carpet & Composition Floor Contractor
- Drywall & Acoustical Ceiling Contractor
- EIFS / Stucco Contractor
- Painting & Wall Covering Contractor
- Painting Supplier
- Hard Tile Contractor
- Hard Tile / Stone Supplier
- Wood Flooring Contractor
- Wood Flooring Supplier
- Other _____

Specialties

- Access Flooring
- Awnings & Canopies
- Speciality Ornamental Fencing
- Flagpoles
- Fire Equipment
- Operable Partitions
- Lockers
- Cubicles
- Signage
- Storage Shelving
- Tiolet Partitions & Accessories
- Visual Display Boards
- Wall Louvers

- Wire Mesh Partitions
- Division 10 Installer
- Other _____

Equipment

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

Furnishings

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

Special Construction

- Demolition Contractor
- Hazardous Material Remediation
- Pre-Engineered Structures / Mtl. Bld.
- Security Access & Surveillance
- Solar & Wind Energy
- Special Purpose Rooms (Sauna)
- Storage Tanks
- Swimming Pools
- Other _____

Conveying Systems

- Dumbwaiters
- Elevators
- Other _____

Mechanical

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

Electrical

- Electrical Contractor
- Lighting Supplier
- Data & Communications Contractor
- Controls
- PTAC Supplier
- 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)
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Can you provide a letter from your surety company verifying your ability to provide bonding?	Yes <input type="radio"/>	No <input type="radio"/>
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Bonding Company	Agent's Name	Agents Phone #
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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.
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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.
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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"/>
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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"/>
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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?

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Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration
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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
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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 No

Checklist

- Yes No Is a copy of your General Contractor's License for all applicable states attached?
- Yes No Is a copy of your Subcontractor's License for all applicable states attached?
- Yes No Is a Certificate of Insurance attached?
- Yes No Is a Surety Letter attached?
- Yes No Is a Financial Statement Attached?
- Yes No 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