

## Subcontractor Qualification Form

### GENERAL

1.1 Subcontractor Name: \_\_\_\_\_

1.2 Main Office Address: \_\_\_\_\_

1.3 Type of Work: \_\_\_\_\_

1.4 Company's business tax ID: \_\_\_\_\_

1.5 Please name two (2) contacts of each type, along with email address:

Company Contacts: \_\_\_\_\_

Prequalification Contacts: \_\_\_\_\_

### ORGANIZATION

2.1 How many years has your organization been in business as a contractor? \_\_\_\_\_

2.2 What type of organization is your company? (e.g. C Corp/S Corp, etc.) \_\_\_\_\_

2.3 Date organization was formed? \_\_\_\_\_

2.4 State organization was formed? \_\_\_\_\_

2.5 What regions does your organization normally serve? \_\_\_\_\_

2.6 How many employees does your organization have? \_\_\_\_\_

2.7 Does your company have any affiliated subsidiaries? *(If yes, please name them)*

\_\_\_\_\_

2.8 President of organizations name? \_\_\_\_\_

2.9 List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

\_\_\_\_\_

### REFERENCES

3.1 Please provide two (2) General Contractor references:

COMPANY	CONTACT NAME	PHONE #	EMAIL

3.2 Provide two (2) vendor references:

COMPANY	CONTACT NAME	PHONE #	EMAIL

**FOR FORTUNE-JOHNSON USE ONLY**

Grade: \_\_\_\_\_

Approval Date: \_\_\_\_\_

Initial: \_\_\_\_\_

Comments: \_\_\_\_\_

**EXPERIENCE**

- 4.1 List the categories of work that your organization normally performs with its own forces.  
\_\_\_\_\_
- 4.2 What percentage of your company's work is normally subcontracted? \_\_\_\_\_
- 4.3 What is the largest dollar volume job you expect to do this year? *(please specify type of project in your response)*  
\_\_\_\_\_
- 4.4 What is the dollar value of the largest project your company has ever completed? \_\_\_\_\_
- 4.5 What is your expected annual volume this year? \_\_\_\_\_
- 4.6 How many projects do you expect to complete within the next 12 months? \_\_\_\_\_
- 4.7 List the major construction projects your organization has currently in progress (provide all information below): *If you have more than ten (10) projects in progress, please provide as an attachment*

PROJECT NAME	GENERAL CONTRACTOR	CONTRACT VALUE	CURRENT COMPLETION PERCENT %	COMPLETION DATE

**CLAIMS & SUITS**

- (If the answer to any of the following questions is yes, please attach details.)*
- 5.1 Has your organization ever failed to complete any work awarded to it? \_\_\_\_\_
- 5.2 Are there any judgements, claims, arbitration proceedings, or suits pending or outstanding against your organization or its officers within the last five years? \_\_\_\_\_
- 5.3 Has your organization filed any lawsuits or requested arbitration with regards to construction contracts within the last five years? \_\_\_\_\_
- 5.4 Any active litigation with Owners/General Contractors? *(If yes, please explain)*  
\_\_\_\_\_
- 5.5 Has your company ever been assessed liquidated damages? *(If yes, please explain)*  
\_\_\_\_\_
- 5.6 Has your company ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract? *(If yes, please explain)*  
\_\_\_\_\_

**CLAIMS & SUITS**

5.7 Has your company ever had a claim made against it for improper, delayed, defective or non-compliant work, or failure to meet warranty obligations? *(If yes, please explain)*

\_\_\_\_\_

5.8 Has your company ever had its license revoked or suspended? *(If yes, please explain)*

\_\_\_\_\_

5.9 Have any owners, officers, or major shareholders of your company even been indicted or convicted of any felony or other criminal conduct? *(If yes, please explain)*

\_\_\_\_\_

**FINANCIAL**

**Provide your most recent audited, reviewed, compiled or in house year-end financial statements (balance and P&L) to: Megan Connor at [mconnor@fortune-johnson.com](mailto:mconnor@fortune-johnson.com) or Karen White at [kwhite@fortune-johnson.com](mailto:kwhite@fortune-johnson.com).**

6.1 Name and address of firm preparing financial statements, if audited or reviewed: \_\_\_\_\_

6.2 Please provide contact at your organization for obtaining the financial statements:

Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone Number: \_\_\_\_\_

6.3 Bank Name: \_\_\_\_\_

6.4 Total Line of Credit: \_\_\_\_\_

6.5 Line of Credit Available: \_\_\_\_\_

6.6 Bank Contact Name: \_\_\_\_\_

6.7 Bank Contact Phone: \_\_\_\_\_

6.8 Bank Contact Email: \_\_\_\_\_

6.9 Bank references, include bank name, address, contact person, and phone number:

\_\_\_\_\_

**INSURANCE**

Provide details of your current insurance policies and your sample certificate. *Limits must be included.*

7.1 Confirm that your company's insurance carriers carry an AM Best Rating of A VIII or better? Yes\_\_\_\_\_ No\_\_\_\_\_

7.2 Does your liability carrier provide additional insured equal to CG 20 10 11-85 and CG 20 37 07-04 for ongoing and completed operations? Yes\_\_\_\_\_ No\_\_\_\_\_

7.3 Does your liability carrier provide per project aggregate, primary, non-contributory, and waiver of subrogation for all written contracts? Yes\_\_\_\_\_ No\_\_\_\_\_

**INSURANCE**

What are the details of your surety/bonding program?

7.4 Current Surety Company: \_\_\_\_\_

7.5 Broker Agency Company Name: \_\_\_\_\_

7.6 Broker Agency Contact Name: \_\_\_\_\_

7.7 Single Project Bonding Capacity: \_\_\_\_\_

7.8 Aggregate Bonding Capacity: \_\_\_\_\_

7.9 What is the date of your company's last bond? \_\_\_\_\_

**SAFETY**

8.1 Does your organization have a written safety program? Yes\_\_\_ No\_\_\_

8.2 What is your company's insurance EMR(experience modification rate)?

2021: \_\_\_\_\_

2020: \_\_\_\_\_

2019: \_\_\_\_\_

2018: \_\_\_\_\_

8.3 Does your organizations safety program include instructions on the following?

Safety work practices Yes\_\_\_ No\_\_\_

Safety supervision Yes\_\_\_ No\_\_\_

Toolbox safety meetings Yes\_\_\_ No\_\_\_

Emergency procedures Yes\_\_\_ No\_\_\_

First aid procedures Yes\_\_\_ No\_\_\_

8.4 Does your organization conduct project safety inspections? Yes\_\_\_ No\_\_\_

8.5 Does your organization hold project safety meetings for supervisors? Yes\_\_\_ No\_\_\_

If yes, how often? \_\_\_\_\_

8.6 Does your organization have a drug and alcohol testing policy? Yes\_\_\_ No\_\_\_

8.7 What are your company's OSHA 300 results?

Year: \_\_\_\_\_

Total Number of Deaths: \_\_\_\_\_

Total Number of Cases with Days Away: \_\_\_\_\_

Total Number of Cases with Restriction/Transfer: \_\_\_\_\_

Other Recordable Cases: \_\_\_\_\_

Total Number of Hours Worked: \_\_\_\_\_

8.8 Do you have a written safety and health program/manual? Yes\_\_\_ No\_\_\_

8.9 Does your company have a safety training program? Yes\_\_\_ No\_\_\_

**SAFETY**

8.10 Do you have a documented occupational safety & health training program for newly hired or promoted first line supervisors or foremen? Yes\_\_\_\_\_ No\_\_\_\_\_

Who conducts the training? \_\_\_\_\_

8.11 Does your company have a written drug policy? Yes\_\_\_\_\_ No\_\_\_\_\_

8.12 Do all field workers have a current OSHA 10 certificate? Yes\_\_\_\_\_ No\_\_\_\_\_

8.13 Do all field supervisory staff (superintendents, PMs, supervisors) have OSHA 30 certificate? Yes\_\_\_\_\_ No\_\_\_\_\_

8.14 Has your company had a fatality in the past 3 years? Yes\_\_\_\_\_ No\_\_\_\_\_

8.15 Has your company received any OSHA citations in the last 3 years? Yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, please provide the date of the violation, the violation type, and what has been done to prevent similar violations:* \_\_\_\_\_

8.16 Do you conduct field safety inspections to determine compliance with applicable federal, state, local, and company regulations/procedures? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, who conducts the inspection? \_\_\_\_\_

8.17 Are inspection reports generated? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, who receives copies of the report? \_\_\_\_\_

8.18 Does your company have a Drug Free Workplace Program? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, describe the type of testing included (i.e., pre-employment, random, post incident, or reasonable suspicion): \_\_\_\_\_

8.19 Does your company conduct injury, incidents, and near-miss investigations? Yes\_\_\_\_\_ No\_\_\_\_\_

8.20 If yes, who conducts the investigations (name, title)? \_\_\_\_\_

8.21 List all OSHA Citations and Notifications of penalty, monetary or other, the subcontractor has received within the last five years (*indicate the final disposition as applicable and attach additional sheets as necessary*).

\_\_\_\_\_

**Please be sure to attach the following files upon submission:**

- ✓ Most recent audited, reviewed, compiled or in house year-end financial statements (balance and P&L)
  - If you do not want to attach, please send directly to: Megan Connor at [mconnor@fortune-johnson.com](mailto:mconnor@fortune-johnson.com) and/or Karen White at [kwhite@fortune-johnson.com](mailto:kwhite@fortune-johnson.com)
  - The qualification process will NOT be complete without the most recent financial statements
- ✓ Attach your current IRS W-9 form
- ✓ Attach details of your current insurance policies and/or sample certificate
- ✓ Attach details of any Claims or Suits affiliated with your company

**AUTHORIZATION**

By signing this document, you hereby agree that all above statements and information provided are true and accurate.

*Signature by authorized signer or officer of the company is required.*

Signature: \_\_\_\_\_

Name: \_\_\_\_\_

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

Date: \_\_\_\_\_