



Subcontractor's Qualification Form

Dallas Office

5525 North MacArthur Blvd.

Suite 400

Irving, TX 75038

Phone: 972-580-1210

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Contractor legal name: _____

Contractor DBA(s): _____

Organization type: (Corporation, Partnership, Limited Liability Company, Sole Proprietor) _____

Date founded: _____ State of formation: _____

Primary address: _____

City: _____ State: _____ Zip code: _____

Website: _____ Phone: _____ Fax: _____

Please submit the following documentation along with this completed form:

- Surety letter:** A letter ***dated within the last thirty (30) days*** provided on your surety's letterhead identifying the single project and aggregate limits of your firm's bonding capacity.
- Certificate of insurance:** A current certificate of insurance reflecting minimum requirements or higher as outlined in Exhibit A.
- Business financial statements:** The last two (2) fiscal year-end financial statements to include:
 - CPA letter
 - Balance sheet
 - Income statement and cash flows
 - Any notes to the financial statements

IMPORTANT! If last fiscal year-end is over six (6) months old, please attach current interim statements to include balance sheet and income statement at a minimum.

- Disadvantaged or Minority Certifications:** A copy of all certificates evidencing any disadvantaged or minority status of your firm referenced in the *Subcontractor Diversity* section of this form.
- OSHA 300A Log**
- W9**
- Copy of all trade licenses**
- Proof of 3-Year EMR Rating:** NCCI forms or other state-approved ratings forms.



Estimating contact: _____ Title: _____

E-mail: _____

Office phone: _____ Cell phone: _____ Fax: _____

Operations contact: _____ Title: _____

E-mail: _____

Office phone: _____ Cell phone: _____ Fax: _____

Safety contact: _____ Title: _____

E-mail: _____

Office phone: _____ Cell phone: _____ Fax: _____

Fill in your contractor license information for all states you are licensed to conduct business.

Contractor license #: _____ State: _____ Classification: _____ Exp. Date: _____

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Contractor license #: _____ State: _____ Classification: _____ Exp. Date: _____

List any other states in which you are qualified to perform work: _____

Subcontractor Diversity

Please select all that apply.

- Small Business Enterprise
- Small Disadvantaged
- Service Disabled
- Women owned
- 8a
- Veteran owned
- HUB Zone
- Veteran owned
- Other _____

Subcontractor Diversity (For EMJ use only)

LEED Accreditation

Number of LEED Certified buildings that your company has worked on: _____

Number of LEED Accredited Professionals in your company: _____

Number of individuals who have been formally trained to work on "sustainable" projects: _____

LEED Accreditation (For EMJ use only)

Safety
List last three (3) years' Experience Modification Rate (EMR):

20__ ____ 20__ ____ 20__ ____

If EMR is greater than 1.0, include explanation: _____

OSHA Recordable Incident Rate: Current year: _____ Previous year: _____

Please fill out the below data for the last three (3) years.

Year:	20__	20__	20__
Total # of fatalities: (Column G of OSHA 300A)	_____	_____	_____
Total # of lost time cases: (Column H of OSHA 300A)	_____	_____	_____
Total # of OSHA recordable cases: (Column M of OSHA 300A)	_____	_____	_____
Total man hours:	_____	_____	_____

Has your company had any OSHA citations, violations, or fines within the last three (3) years?

If yes, how many and explain them in detail: _____

Do you have a written safety program? YES _____ NO _____

 Safety director is: No Safety Director Part-time (Outsourced)
 Part-time (In-house) Full-time

 Job site safety meeting frequency: None Monthly Weekly Daily

Do you have a "competent" Safety person assigned to each project? YES _____ NO _____

Please describe the training, experience and education that make this person competent (For example OSHA 10-hour or construction outreach): _____

 Hours of safety training per year for workers: 0 to 1 2 to 3 4 to 5
 6 to 7 8 to 9 10+

 Safety inspection frequency: Daily Weekly Monthly Quarterly

Safety – EMR (For EMJ use only)

Insurance

Do your insurance limits for auto liability, general liability, workers compensation, and umbrella liability insurance meet our minimum requirements outlined in Exhibit A? YES _____ NO _____

Name of insurance company or carrier: _____

Agent: _____ Phone: _____ Fax: _____

Insurance (For EMJ use only)

Insurance certificates received (For EMJ use only)

Payment and Performance Bonding

Can you provide a payment bond or performance bond for this project? YES _____ NO _____

Name of the last project you completed or are currently working on that required a bond:

Project name: _____ Value of bond: \$ _____

General contractor: _____ GC contact: _____

Location: _____ Completion date: _____

Company's current bonding capacity:

Aggregate: \$ _____ Single project: \$ _____ Bond rate: % _____

Name of bonding company: _____

Agent name: _____ Phone: _____

P and P Bonding (For EMJ use only)

Legal

Have any lawsuits been filed by or against this company in the last three (3) years? YES ___ NO ___

If yes, please explain: _____

Has this company ever operated under another name? YES _____ NO _____

Has this company ever filed bankruptcy or receivership proceedings? YES _____ NO _____

Has this company ever failed to complete a project? YES _____ NO _____

If yes, please explain: _____

Does this company have any uncollected judgments against it? YES _____ NO _____

If yes, please explain: _____

Legal (For EMJ use only)

Financials

Were your financial statements prepared by a Certified Public Accountant? YES _____ NO _____

Bank name: _____ Contact: _____

Account #: _____ Phone: _____ Fax: _____

Bank information:

Total amount of line(s) of credit: \$_____ Unused portion of lines of credit: \$_____

Financials (For EMJ use only)

Financial statements received (For EMJ use only)

Suppliers

Please list three (3) current suppliers.

1. Name: _____ Contact: _____

Account #: _____ Phone: _____

Date of account opening: _____ Payment terms: _____ Pay per terms: _____

Twelve month high: _____ Current balance: \$_____

2. Name: _____ Contact: _____

Account #: _____ Phone: _____

Date of account opening: _____ Payment terms: _____ Pay per terms: _____

Twelve month high: _____ Current balance: \$_____

3. Name: _____ Contact: _____

Account #: _____ Phone: _____

Date of account opening: _____ Payment terms: _____ Pay per terms: _____

Twelve month high: _____ Current balance: \$_____

Suppliers (For EMJ use only)

Project Experience

Please check all that apply: Retail Commercial Industrial
 Residential Education Government Healthcare Hospitality

Average size job this company performs: \$ _____

Average number of projects annually: _____

Average size of current projects in progress: \$ _____

Number of current projects in progress: _____

Largest single contract completed:

General contractor: _____ Completion date: _____

GC contact: _____

Project: _____ Contract amount: \$ _____

City: _____ State: _____ Bonded? _____

GC contact e-mail address: _____

GC phone: _____ Number of jobs completed for this contractor: _____

Project experience (For EMJ use only)

What was this company's annual volume for the past three (3) years?

20____ \$ _____ 20____ \$ _____ 20____ \$ _____

What is your current value of work on hand? \$ _____

Work on hand (For EMJ use only)

Please list below your three (3) largest most recently completed projects.

1. General contractor: _____ Completion date: _____

GC contact: _____

Project: _____ Contract amount: \$ _____

City: _____ State: _____ Bonded? _____

GC contact e-mail address: _____

GC phone: _____ Number of jobs completed for this contractor: _____

2. General contractor: _____ Completion date: _____

GC contact: _____

Project: _____ Contract amount: \$ _____

City: _____ State: _____ Bonded? _____

GC contact e-mail address: _____

GC phone: _____ Number of jobs completed for this contractor: _____



3. General contractor: _____ Completion date: _____
GC contact: _____
Project: _____ Contract amount: \$ _____
City: _____ State: _____ Bonded? _____
GC contact e-mail address: _____
GC phone: _____ Number of jobs completed for this contractor: _____

Please list below your three (3) largest projects currently under construction.

1. General contractor: _____ Completion date: _____
GC contact: _____
Project: _____ Contract amount: \$ _____
City: _____ State: _____ Bonded? _____
GC contact e-mail address: _____
GC phone: _____ Number of jobs completed for this contractor: _____
2. General contractor: _____ Completion date: _____
GC contact: _____
Project: _____ Contract amount: \$ _____
City: _____ State: _____ Bonded? _____
GC contact e-mail address: _____
GC phone: _____ Number of jobs completed for this contractor: _____
3. General contractor: _____ Completion date: _____
GC contact: _____
Project: _____ Contract amount: \$ _____
City: _____ State: _____ Bonded? _____
GC contact e-mail address: _____
GC phone: _____ Number of jobs completed for this contractor: _____

Project references (For EMJ use only)

Certification

The undersigned firm certifies that all information provided in this statement is true, correct, accurate, and current as of the date of this statement. The undersigned firm further certifies that it holds all licenses required to perform the scopes of work identified in this statement. The undersigned firm acknowledges and agrees that EMJ Construction may utilize a third-party administrator to assist with the verification process. The undersigned firm authorizes EMJ Construction and its employees, agents, and any third-party administrators to contact any person, entity, and/or reference, to verify the information in this statement and to obtain any other information regarding the undersigned firm. The undersigned firm prospectively releases EMJ Construction and its employees, agents, and any third-party administrators from any claim, damage, loss, expense, or other liability of any kind related to the undersigned firm's disclosure or EMJ Construction's use of the information in this statement or verification process.

Firm name

Signature: _____

Print: _____

Title: _____

Date: _____