

# Subcontractor Qualification Form

It is our policy, before we use quotes or sign subcontracts, to ask subcontractors to submit this qualification form. This enables us to categorize subcontractors within their trade by types and sizes of contracts they can handle.

- **Please complete all of the following form and attach all of the following with it:**
- **Financial statements (copies of your three most recent annual financial statements):**
- **Licenses (copies of your current license or certification, if you are an electrician, plumber, asbestos handler, or in any other trade that requires a license or certification to perform work):**
- **Resumes (copies of the resumes of all your key people that are officers, partners, owners, and managers with experience in the type of work for which you seek qualification).**
- **A sample of your insurance certificate.**

## 1. Subcontractor Identity

Area of expertise \_\_\_\_\_

Company Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

Tax ID or Social Security Number \_\_\_\_\_

Type of Company: \_\_\_\_\_ Sole Proprietorship \_\_\_\_\_ Corporation \_\_\_\_\_ Partnership

Date Formed \_\_\_\_\_

States in which the company is legally qualified to do business \_\_\_\_\_

Total number of employee's \_\_\_\_\_

Name and titles of key people in the company \_\_\_\_\_

\_\_\_\_\_

Has the company operated under any other names in the past five years? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give name(s) \_\_\_\_\_

Does the company have offices, plants, or warehouses at other locations? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list addresses \_\_\_\_\_

## 2. MBE/WBE/SBE/ Certification

Is the company a certified Minority Business Enterprise (MBE), Women Business Enterprise (WBE), Small Business Enterprise (SBE) or any other type of certified business enterprise? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which type? \_\_\_\_\_ Certifying agency \_\_\_\_\_

**3. Bank Reference**

Does the company have a line of credit from any lending institution? Yes\_\_\_\_\_ No\_\_\_\_\_ if yes gives details:

Amount of Credit Outstanding Balance Lender’s Name Lending Officer’s Name/Phone Number

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**4. Bonding Capacity & Insurance Requirements**

**If you have bonding capacity please attach a letter from your bonding company verifying the following information.**

Do you have bonding capacity? Yes\_\_\_\_\_ No\_\_\_\_\_ if yes gives details:

Single bonding project limit \_\_\_\_\_ Aggregate Limit\_\_\_\_\_

Bonding company name and address\_\_\_\_\_

Do you have? \_\_Worker’s Compensation \_\_General Liability \_\_Auto\_\_Professional Liability \_\_Excess

Company Name \_\_\_\_\_ Agent Name \_\_\_\_\_

**Myrick Gurosky & Associates, Inc. Requires \$500,000/worker’s comp.; \$1,000,000 General Liability; \$1,000,000/Auto; \$1,000,000/Profes. Liability and that Myrick Gurosky & Associates, Inc. /Contractor and Project Owner are listed as additional insured as respects to the liability and auto liability and primary and non-contributory/ Wavier of Subrogation is required on GL/Auto/WC  
NO EXCEPTIONS**

**Completed Projects (Summarize representative projects completed in the past five years)**

Name of Project            Scope of Work            Contract Amount            Completion Date

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**5. Current Projects (Summarize current projects)**

Name of Project            Scope of Work            Contract Amount            Completion Date

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**6. Trade References (List three of your subcontractors or suppliers)**

Name	Address	Contact Name	Phone Number
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**7. Client References (List three clients)**

Name	Address	Contact Name	Phone Number
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**8. Other Information**

Has your company or any of its key people been a party to a bankruptcy or reorganization proceeding?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give date\_\_\_\_\_

During the past five years have any subcontractors or suppliers filed any liens against you?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give details for any liens over \$5,000 \_\_\_\_\_

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Have you ever failed to complete a contract, been defaulted, or had a contract terminated?

Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give detail \_\_\_\_\_

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In the past five years, has your company or any of its key people been involved in any lawsuits arising from construction projects Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, details \_\_\_\_\_

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In the past five years, has your company or any of its key people been investigated for or found to have committed a violation of any labor laws? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give detail \_\_\_\_\_

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In the past five years, has your company or any of its key people been investigated for or found to have committed a serious OSHA violation? Yes\_\_\_\_\_ No\_\_\_\_\_ If yes, give details \_\_\_\_\_

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In the past five years, has your company or any of its key people been investigated for or found to have committed a violation of state, federal or local environmental protection law? Yes\_\_\_\_\_ No\_\_\_\_\_

If yes, details \_\_\_\_\_

\_\_\_\_\_

Is there any other information you would like to give us? \_\_\_\_\_

\_\_\_\_\_

It is the responsibility of the subcontractor to notify Myrick Gurosky & Associates, Inc., immediately, if any information on the Subcontractor Qualification Form changes.

STATE OF \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

Sworn to me and subscribed before me this  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC  
My commission Exp. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date \_\_\_\_\_

I HEREBY CERTIFY; BEING  
FIRST DULY SWORN, THAT  
THE ABOVE STATEMENTS  
ARE TRUE AND CORRECT.

(Subcontractor)

\_\_\_\_\_

By:

Title: