

Subcontractor Qualification Form

GENERAL

What is your company's name?

Please choose your currency (USD/CAD)

USD CAD

Is your company a subsidiary or child to a parent company? If yes, enter parent company name

Yes No

What is your company's address?

Year company was founded State/province company founded

Your company's business tax ID

Business tax ID country

US Canada

What type of work do you normally perform?

What markets does your company normally serve?

What regions does your company normally serve?

Home Office Employees

Field Supervisory Employees

CERTIFICATIONS

Does your company have any enterprise business certifications?

Certification type

Certificate level

Certificate number/ID

Certification description



Please attach a copy of your **certification documents**.

UNION

What union affiliations does your company have?

Union name

Union affiliations number

LICENSES

Does your company have any professional licenses?

License type or number

License state

License agency

Enter additional license description



Please attach a copy of **professional license**.

CONTACTS

Who are your company contacts?

Who are your prequalification contacts?

PROJECTS

Provide references of recently completed project.

What is your estimated backlog as of today?

Project name

Location

Completion year

Value

Scope

Reference company

Reference name

Reference phone

Reference email



Please provide us any documents with **additional project references**.

SAFETY

What is your company's EMR?

Year

Score

Letter



Provide us a copy of your company's current **safety manual**.



AUTODESK CONSTRUCTION CLOUD™

What are your company's OSHA 300 results?

Year	Deaths (Box G)	Cases with days away (Box H)	Other recordable cases (Box J)	Total number of hours worked
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Provide us a copy of your company's **OSHA 300** results.

INSURANCE

Who is the broker or agency contact for your insurance programs?

Broker/Agency company name	Contact full name
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Phone number	Email
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Provide us details of your current insurance policy.

Type	Per occurrence limit
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Aggregate limit	Carrier	Policy expiration date
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Provide us a copy of your current **certificate(s) of insurance**.



Provide us your additional **insured endorsement(s)** to all applicable policies.

What are the details of your surety/bonding program?

Enter current surety company	Broker agency company name
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Contact name	Contact phone number
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Single project bonding capacity	Aggregate bonding capacity
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Provide us a copy of your **surety letter**.



FINANCIAL

What are the details of your banking information?

Bank name

Total line of credit

Line of credit available

Bank contact name

Bank contact email

Bank contact phone

What is your company's historical volume/revenue by year?

Year

Revenue



Attach your most recent **financial statement** including balance sheet and statement of income ("P&L"). CPA Audited or Reviewed statements are preferred.

COVID-19 IMPACT: PEOPLE

Who is the best person at your firm to discuss project safety, personnel, and logistics with?

First name

Last name

Has your full staff been able to return to work consistently? If not, do you expect they will, and what are the limiting factors at this time?

Yes

No

Please confirm safe work practices have been incorporated (e.g. standard operating procedures that follow CDC and local governmental guidelines for in-person meetings, toolbox talks, safety meetings).

Yes

No

Is additional health & safety training available to your staff? If yes, please describe the training.

Yes

No

What impacts (e.g. resequencing, extra shifts, durations expanded, crew size due to social distancing) have you seen to your team's productivity due to new guidelines and regulations?

Is your firm taking any additional action in order to expand access to capital during this time?
If yes, please provide any additional details.

Yes No

Please confirm you have updated your line of credit position (total and outstanding) in the Financial section of this application.

Yes No

How are delayed financials (payments later than expected or required) being managed?



Please attach an **interim financial statement** if available.



Please attach an updated **Work-in-Progress (WIP) schedule**.

COVID-19 IMPACT: SUPPLY CHAIN

Have you seen any large cost escalation risks in your supply chain?
If yes, provide detail of the steps you are taking to protect against their impact.

Yes No

Have you seen any supply availability risks in your supply chain?
If yes, provide detail of the steps you are taking to protect against their impact.

Yes No

Are you expecting any significant delays on material shipments?
If yes, please provide details.

Yes No

Do you have any concerns about impact to downstream subcontractors or suppliers that you rely upon?
If yes, please provide any details so that we can work with you.

Yes No

Will you be suggesting any use of alternative or substitute materials?
If yes, please indicate which projects and who we should contact to discuss.

Yes No

Do you collect security from lower tiers (via unconditional or conditional lien waivers or other instrument).
If yes, how often?

Yes No

Have you verified the financial and operational standing of all your subcontractors/suppliers in the last 90 days?
If yes, please indicate any that are not in good standing.

Yes No

