



Subcontractor Qualification Statement Application

1. Company Name: _____
President: _____
Address: _____
City, State & Zip: _____
Fed ID #: _____
Website: _____
Telephone No: _____ Fax No: _____
Type of work performed?
Division: _____ CSI Code#: _____
Geographic Area of Work: _____
County Certifications: _____

2. Mailing address if different from above
Address: _____
City, State, & Zip: _____

3. Project Executive
Name: _____ Title: _____
Email: _____ Mobile #: _____

4. Contact person responsible for handling billing:
Name: _____ Title: _____
Email: _____ Office Ph: _____

5. Number of years in business? _____ Years
Under present name? Yes No

6. Is your organization a: Corporation Partnership Sole Proprietorship
Date of Incorporation: _____ State of Incorporation: _____

7. Names of officers/partners/owners:

Name: _____ Title: _____

Name: _____ Title: _____

Subcontractor Financial Information

8. Has the company ever filed for bankruptcy? Yes No

If yes, please explain fully on a separate sheet.

9. Has the company ever failed to complete any work? Yes No

If yes, please explain fully. _____

10. Are there any judgments or claims pending against, or contemplated by the company?
that could negatively impact its ability to perform its contract?

Yes No If yes, please explain fully on a separate sheet.

11. Annual sales volume for the past 3 years.

\$ _____ (2004) \$ _____ (2005) \$ _____ (2006)

12. Bank Name: _____

Contact Name: _____ Phone No: _____

13. Does the company have the ability to furnish Performance and Payment Bonds? Yes No

If yes, what is the bonding capacity remaining? \$ _____

Bonding Company: _____ Agent: _____

Address: _____ Phone No: _____

Single Limit: \$ _____ Aggregate Limit: \$ _____

Insurance

14. Insurance Co. Name: _____ Agent Name: _____

Address: _____

Telephone #: _____ Fax #: _____

General Liability Limits: \$ _____ Automobile Limits: \$ _____

Umbrella Limits: \$ _____ Workers Comp. Policy: Yes No

Qualification Statement

15. Size project most competitive in performing (please check one)
Under \$100,000 \$100,000 to \$200,000 \$200,000 to \$500,000 \$500,000 to \$1m
Largest Project Completed: \$ _____
16. Types of construction your company specializes in:
Residential Industrial Commercial Other: _____
17. List two (2) Major Suppliers:
- Company: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____
Email: _____
- Company: _____ Contact: _____
Address: _____
Phone: _____ Fax: _____
Email: _____

Safety

18. Safety and Loss Control Data
- a. List the company's Experience Modifier Rate for the current year and for the past three.
(2004) _____ (2005) _____ (2006) _____
- b. Has your company ever been cited by OSHA in the past five years? Yes No
If yes, please explain _____
- c. Does the company have a loss control specialist visit the project sites? Yes No
If yes, how often? _____
19. Does the company agree to actively participate in Bruss Construction client programs?
- | | | |
|-----------------------------|-----|----|
| Job safety program | Yes | No |
| Job closeout program | Yes | No |
| Client satisfaction program | Yes | No |

Work History

20. List any services the company can provide that are not detailed in the section that follows:

21. List three (3) Current Major Projects that are currently being performed:

Customer: _____ **Contact:** _____

Telephone: _____ Fax: _____

Email: _____

Project Name: _____

Project Location: _____

Scope of Work: _____

Architect: _____ **Contact:** _____

General Contractor: _____ **Contact:** _____

Contract Amount: \$ _____

Customer: _____ **Contact:** _____

Telephone: _____ Fax: _____

Email: _____

Project Name: _____

Project Location: _____

Scope of Work: _____

Architect: _____ **Contact:** _____

General Contractor: _____ **Contact:** _____

Contract Amount: \$ _____

Customer: _____ **Contact:** _____

Telephone: _____ Fax: _____

Email: _____

Project Name: _____

Project Location: _____

Scope of Work: _____

Architect: _____ **Contact:** _____

General Contractor: _____ **Contact:** _____

Contract Amount: \$ _____

Bruss Construction, Inc. Payment Terms

Provided an Application for Payment is received by the Subcontractor not later than the 25th of each month, the Contractor shall include the Subcontractor's work covered by that application in the next Application for Payment. The Contractor shall pay the Subcontractor each progress payment within then (10) working days after the Contractor receives payment from the Owner.

Certification

The undersigned hereby certifies that to the best of his/her knowledge and belief that the information provided herein is true, correct and sufficiently complete so as not to be misleading. It is also understood that any misleading and/or false statements contained herein may disqualify the company and/or be sufficient cause for termination of any contract, agreement or work assignment award by Bruss Construction, Inc.

Company Name

Signature

Printed Name

Title

Date

To be Completed by Bruss Construction, Inc.

Date Received: _____

Received By: _____

Approved By: _____

Disapproved By: _____

Why: _____