** 2-3-21**

**Clemens Construction Co., Inc.**

**Subcontractor Qualification Inquiry**

**Subcontractor Legal Name:** Click or tap here to enter text.

**Trade:** Click or tap here to enter text.

**Address:** Click or tap here to enter text.

**City/State/Zip:** Click or tap here to enter text.

**Office Phone:** Click or tap here to enter text.

**Contacts: name** Click or tap here to enter text. **email** Click or tap here to enter text.

**name** Click or tap here to enter text. **email** Click or tap here to enter text.

**Owner/Officer:** Click or tap here to enter text.

**Estimating Contact:** Click or tap here to enter text.

**Accounting Contact:** Click or tap here to enter text.

**1 Organization**

* 1. How many years has your organization been in business as a contractor?

Click or tap here to enter text.

* 1. How many years has your organization been in business under its present business name? Click or tap here to enter text.

1.2.1 Under what other or former names has your organization operated?

Click or tap here to enter text.

1.3 If your organization is a corporation, answer the following:

1.3.1 Date of incorporation: Click or tap here to enter text.

1.3.2 State of incorporation: Click or tap here to enter text.

1.3.3 Officer’s names and titles Click or tap here to enter text.

1.4 If your organization is a partnership, answer the following:

1.4.1 Date of organization: Click or tap here to enter text.

1.4.2 Type of partnership: Click or tap here to enter text.

1.4.3 Name(s) of general partner(s): Click or tap here to enter text.

1.5 If your organization is individually owned, answer the following:

1.5.1 Date of organization: Click or tap here to enter text.

1.5.2 Name of owner: Click or tap here to enter text.

1.6 Number of Employees:Click or tap here to enter text.

Office: Click or tap here to enter text.

Field Supervision and Labor: Click or tap here to enter text.

1.7 Business Tax ID No: Click or tap here to enter text.

1.8 Provide a Current W-9 Form

1.9 Has your company operated under any other Names in the last 5 years? Click or tap here to enter text.

**2 Minority Business Status**

2.1 Is your organization certified as a Minority Business Enterprise (MBE), Women Business Enterprise (WBE), or Disabled Owned Business Enterprise (DSBE) (Yes/No)? Yes  No

If so, please attach appropriate certificate.

**3 Licensing / Union Affiliations**

3.1 Provide information on licenses and certificates necessary for the type of work your organization performs: Click or tap here to enter text.

3.2 Do you have current union contracts for your field personnel:

Yes  No

3.2.1 If yes, name trade(s), local(s) and contract expiration date(s): Click or tap here to enter text.

3.2.2 Are all union dues current and up to date (yes/no). If no, explain:

Click or tap here to enter text.

**4 Experience**

4.1 List categories of work that your organization normally performs with its own forces: Click or tap here to enter text.

4.2 Has your organization ever failed to complete any work awarded to it? If yes, explain: Click or tap here to enter text.

4.3 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Click or tap here to enter text.

4.4 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? Yes No

If yes, explain: Click or tap here to enter text.

4.5 Below, list Major Construction Contracts your organization has **in progress**, giving the Project Name, Contract Amount, Customer, Date of Completion, and Percent Complete (as of today, if incomplete):

Job name Contract $ Customer Yr Complete % Complete

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4.6 State worth of work in progress and under contract: $Click or tap here to enter text.

4.7 Below, list the Five (5) largest projects your organization has **completed** in the past five years giving the Project Name, Contract Amount, Customer, and Date of Completion:

Job name Contract $ Customer Yr. Complete

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| 5)Click or tap here to enter text. | $Click or tap here to enter text. | Click or tap here to enter text. | 20Click or tap here to enter text. |

4.8 State company annual Volume of work performed during the past five years:

Year 5 (most recent): Click or tap here to enter text.

Year 4: Click or tap here to enter text.

Year 3: Click or tap here to enter text.

Year 2: Click or tap here to enter text.

Year 1: Click or tap here to enter text.

**5 References**

5.1 Business references (please list three- name, company, email):

Name Company Email

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**6 FinancialFinancial Statement**

6.1.1 Attach a financial statement, preferably audited, including your organization’s latest balance sheet and income statement showing the following:

\* Current assets

\* Net fixed assets

\* Other assets

\* Current Liabilities

\* Other liabilities

6.1.2 Name and address of firm preparing statement and date thereof:

Click or tap here to enter text.

6.1.3 Is the attached financial statement for the identical organization named above? If no, explain:

Click or tap here to enter text.

**7 Insurance**

7.1 Name and address of primary insurance agent or broker: Click or tap here to enter text.

7.2 Please attach a Certificate of Insurance showing coverages, at a minimum for Workers Compensation, commercial general liability, comprehensive auto liability, excess liability protection (Note: See Clemens Sample COI Limits)

**8 Bonding**

8.1 If performing Contracts over $1mil, do you have the ability to provide Payment and Performance Bonds? Click or tap here to enter text.

If yes, what is your bonding capacity (single and aggregate).

8.2 Name of Surety: Click or tap here to enter text.

8.3 Approx. Bonding Premium Rate: % Click or tap here to enter text.

1. **Safety- Full Safety Manual to be provided upon mobilization on any jobsite.**
   1. Current experience modification rating (EMR/mod):
2. year ago: Click or tap here to enter text.
3. years ago: Click or tap here to enter text.
   1. During the past five years has the firm been found to have committed an

OSHA “serious” violation? Yes  No

If yes, explain. Click or tap here to enter text.

* 1. If a Subcontractor, provide 3 years of OSHA 300 Logs.

1. **Technology:**

Please indicate with an (X) all Software packages you use:

* + Procore Project Management
  + MS Project Scheduling
  + Building Connected Bids
  + Bluebeam Take-off
  + Excel
  + Primavera Project Planner (P6) Scheduling
  + REVIT
  + AUTOCAD
  + Navisworks Clash Detection

1. **Other: Is there anything Clemens can do to help your company:**

Identify mentor(s) in your trade? Click or tap here to enter text.

Identify other firms to team or Joint Venture with? Click or tap here to enter text.

Improve access to capital?Click or tap here to enter text.

Safety Training?Click or tap here to enter text.

Other: Click or tap here to enter text.

**I certify that to the best of my knowledge the information given in response to each question is full, complete, and accurate.**

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

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

Signed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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