

Clemens Construction Co., Inc.

Subcontractor Qualification Inquiry

Subcontractor Name: Click here to enter text.

Address: Click here to enter text.

 Click here to enter text.

**1. ORGANIZATION**

1.1 How many years has your organization been in business as a contractor? Click here to enter text.

1.2 How many years has your organization been in business under its present business name?

Click here to enter text.

1.2.1 Under what other or former names has your organization operated? Click here to enter text.

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

1.3.1 Date of incorporation: Click here to enter text.

1.3.2 State of incorporation: Click here to enter text.

1.3.3 Officers’ names and titles: Click here to enter text.

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

1.4.1 Date of organization: Click here to enter text.

1.4.2 Type of partnership: Click here to enter text.

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

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

1.5.1 Date of organization: Click here to enter text.

1.5.2 Name of owner: Click here to enter text.

**2. MINORITY BUSINESS STATUS**

2.1 Is your organization certified as a Minority Business Enterprise (MBE) or Women Business Enterprise (WBE)? Yes [ ]  No [ ]

If yes, what type of certification? Click here to enter text.

 Please attach a copy of certification.

**3. LICENSING / UNION AFFILIATIONS**

3.1 Provide information on licenses and certificates necessary for the type of work your organization performs:

Click 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 here to enter text.

3.2.2 Are all union dues current and up to date? Yes [ ]  No [ ]

If no, explain:

Click here to enter text.

**4. EXPERIENCE**

4.1 List categories of work that your organization normally performs with its own forces:

Click here to enter text.

4.2 Has your organization ever failed to complete any work awarded to it? Yes [ ]  No [ ]

If yes, explain:

Click here to enter text.

4.3 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? Yes [ ]  No [ ]

If yes, explain:

Click 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 here to enter text.

4.5 On a separate sheet, list major construction projects your organization has in progress, giving the project name, owner, contract amount, percent complete and scheduled completion date.

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

4.7 On a separate sheet, list the major projects your organization has completed in the past five years giving the project name, owner, contract amount, percent complete and date of completion.

4.8 State annual amount of construction work performed during the past five years:

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

**5. REFERENCES**

5.1 Business references (please list three):

 1. Click here to enter text.

2. Click here to enter text.

3. Click here to enter text.

5.2 Bank reference(s):

Click here to enter text.

**6. FINANCIAL STATEMENT**

6.1 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

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

Click here to enter text.

Click here to enter text.

Click here to enter text.

6.3 Is the attached financial statement for the identical organization named above? Yes [ ]  No [ ]

If no, explain:

Click here to enter text.

**7. INSURANCE**

7.1 Name and address of primary insurance agent or broker:

Click here to enter text.

Click here to enter text.

Click here to enter text.

7.2 Please attach an insurance certificate showing coverages, at a minimum for Workers Compensation, commercial general liability, comprehensive auto liability, excess liability protection.

**8. BONDING**

8.1 Do you have the ability to provide payment and performance bonds? Yes [ ]  No [ ]

If yes, please attach letter from bonding agent stating bonding capacity (single and aggregate).

8.2 Name of Surety: Click here to enter text.

**9. SAFETY**

9.1 Current experience modification rating (EMR/mod): Click here to enter text.

9.2 During the past five years has the firm been found to have committed an OSHA “serious” violation?

Yes [ ]  No [ ]

If yes, explain.

Click 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_