



SUBCONTRACTOR QUALIFICATION FORM

GENERAL INFORMATION

Company Name: _____

Mailing Address: _____

City, State & Zip: _____

Telephone: _____ Fax: _____

Website: _____

Organization:

- Corporation Partnership Individual Joint Venture

Incorporation State: _____ Incorporation Date: _____

Length of Time in Business: _____

What divisions of work do you perform? **(Please check main trades only)**

- | | | |
|---|---|---|
| <input type="checkbox"/> 01450 Testing & Inspection Services | <input type="checkbox"/> 01742 Post-Construction Cleaning | <input type="checkbox"/> 01903 Hazardous Material Abatement |
| <input type="checkbox"/> 02100 Site Remediation | <input type="checkbox"/> 02225 Demolition | <input type="checkbox"/> 02300 Earthwork |
| <input type="checkbox"/> 02360 Soil Treatment | <input type="checkbox"/> 02500 Utility Services | <input type="checkbox"/> 02700 Paving |
| <input type="checkbox"/> 02740 Asphalt Pavement | <input type="checkbox"/> 02770 Curb and Gutters | <input type="checkbox"/> 02780 Pavers |
| <input type="checkbox"/> 02810 Irrigations System | <input type="checkbox"/> 02820 Fences and Gates | <input type="checkbox"/> 02900 Landscape |
| <input type="checkbox"/> 03210 Cast-In-Place Concrete | <input type="checkbox"/> 03351 Concrete Polishing | <input type="checkbox"/> 03400 Precast Concrete |
| <input type="checkbox"/> 03530 Concrete Topping | <input type="checkbox"/> 03800 Concrete Cutting | <input type="checkbox"/> 04800 Masonry Assemblies |
| <input type="checkbox"/> 04900 Masonry Cleaning & Restoration | <input type="checkbox"/> 05100 Structural Metal | <input type="checkbox"/> 05500 Misc. Metal Fabrication |
| <input type="checkbox"/> 06100 Rough Carpentry | <input type="checkbox"/> 06220 Millwork | <input type="checkbox"/> 06600 Plastic Fabrication |
| <input type="checkbox"/> 07100 Damp Proofing & Waterproofing | <input type="checkbox"/> 07240 EIFS | <input type="checkbox"/> 07410 Metal Roof & Wall Panel |
| <input type="checkbox"/> 07500 Membrane Roofing | <input type="checkbox"/> 07600 Flashing & Sheet Metal | <input type="checkbox"/> 08100 Door/Frame/Hardware |
| <input type="checkbox"/> 08300 Specialty Door | <input type="checkbox"/> 08360 Overhead Door | <input type="checkbox"/> 08400 Entrances & Storefronts |
| <input type="checkbox"/> 08800 Glazing | <input type="checkbox"/> 09260 Gypsum Board Assemblies | <input type="checkbox"/> 09290 Taping |
| <input type="checkbox"/> 09310 Ceramic Tile | <input type="checkbox"/> 09400 Terrazzo | <input type="checkbox"/> 09510 Acoustical Ceiling |
| <input type="checkbox"/> 09600 Flooring | <input type="checkbox"/> 09630 Marble Floor | <input type="checkbox"/> 09670 Epoxy |
| <input type="checkbox"/> 09900 Paints & Coatings | <input type="checkbox"/> 09950 Electrostatic Paint | <input type="checkbox"/> 10300 Fireplaces, Stoves & Mantels |
| <input type="checkbox"/> 10400 Identification Devices | <input type="checkbox"/> 10530 Awnings | <input type="checkbox"/> 10600 Partitions |
| <input type="checkbox"/> 10650 Operable Partition | <input type="checkbox"/> 10810 Toilet Accessories | <input type="checkbox"/> 11160 Loading Dock Equipment |
| <input type="checkbox"/> 12490 Window Treatment | <input type="checkbox"/> 13700 Security | <input type="checkbox"/> 13850 Fire Alarm |
| <input type="checkbox"/> 13900 Fire Suppression | <input type="checkbox"/> 14200 Elevator | <input type="checkbox"/> 14300 Escalators & Moving Walk |
| <input type="checkbox"/> 15100 Plumbing | <input type="checkbox"/> 15300 Sprinkler | <input type="checkbox"/> 15700 HVAC |
| <input type="checkbox"/> 15900 HVAC Controls | <input type="checkbox"/> 15950 Testing & Balancing | <input type="checkbox"/> 16100 Electrical |
| <input type="checkbox"/> 16700 Communications | <input type="checkbox"/> 16800 Sound & Video | |

Is your firm a Minority Certified Business? Yes No

Type of Certification: MBE WBE DDE SBE

Number of Employees: _____

Office: _____ Field: _____

Project Managers: _____ Estimators: _____

Method of Operation:

Union Non-Union

CONTACTS

Principals/Officers:

Name	Title	Contact Number	Email (<i>Not required</i>)

Estimating Contact: This person will be sent Victor’s ITBs when issued

Name: _____ Phone: _____

Email: _____

Cc (Additional Emails for ITB): _____

Project Manager Contact(s):

Name: _____ Phone: _____

Email: _____

Cc (Additional Emails): _____

Administrative Contact: Office Manager or anyone who assists the PM and handles documents like contracts, insurance, submittals, close-out documents, etc.

Name: _____ Phone: _____

Email: _____

Accounting Contact: Contact who will handle pay applications.

Name: _____ Phone: _____

Email: _____

Safety Contact:

Name: _____ Phone: _____

Email: _____

FINANCIAL INFORMATION

Total volume of sales performed for each of the previous five years:

Year	20	20	20	20	20
Amount					

BONDING & INSURANCE

Insurance Requirements:

The Subcontractor shall purchase and maintain insurance of the following types of coverage, liability and limits written by insurance companies with an A.M. Best Rating of A8:

Type of Insurance	Limits of Liability
General Liability	\$1,000,000
Automobile Liability	\$1,000,000
Umbrella Liability	\$1,000,000
Workers Compensation	\$1,000,000

Can your firm meet the minimum requirements: Yes No

If no, please explain:

Is your company bondable? Yes No

Bonding Company: _____

Bonding Capacity Total: _____ Per Job: _____

Value of work presently bonded: _____

Contact Name: _____

Surety Company: _____

SAFETY HISTORY

How many lost days did your company have last year? _____

Average lost work days over the last three years: _____

How many medical treatments did your company have last year? _____

Average number of medical treatments over the last three years: _____

How many fatalities did your company have last year? _____

Average number of fatalities of the last three years: _____

Experience Modification Rate for the past three years:

Year	Rate
20	
20	
20	

Do you have a written safety policy/program? Yes No

Have you been cited by OSHA for an OSHA defined serious violation in the past three years?

Yes No

If yes, please explain on a separate page

PROJECT INFORMATION

Maximum single contract value awarded to your company: _____

Average contract amount: _____

REFERENCES

Please list three General Contractors / Construction Managers for whom your company has worked for within the past two years.

Company Name	Contact	Phone

LEGAL INFORMATION

Has your company failed to complete any contracts/work awarded to you?

Yes No If yes, please explain on a separate page

Has your company been involved in bankruptcy or reorganization?

Yes No If yes, please explain on a separate page

Are any of your officers, stockholders or key members or any related companies involved in any litigation, disputes or any judgments pending or rendered?

Yes No If yes, please explain on a separate page

CONTRACT HISTORY

Has your firm, under its legal name, worked for Victor Construction Co., Inc. on any projects in the past five years? Yes No

ATTACHMENTS

You will need to submit a copy a Sample COI: Attached

Information submitted by:
Name: _____
Title: _____
Phone: _____
Signature: _____
Date: _____

Please Return Completed Form To:
Lauren Davies
Project Administrator
Victor Construction Co., Inc.
(847) 392-6900 x18
(847) 392-00769
ldavies@victorconstruction.com