



5160 Tennyson Parkway
Suite 3000E
Plano, TX 75024
Phone: 214.276.0433

SUBCONTRACTOR/VENDOR QUALIFICATION

\*once completed, please email to Andrea Staiger at AndreaStaiger@bblbuildingco.com

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

Master Trade: \_\_\_\_\_

PLEASE TYPE OR PRINT

SECTION 1 – COMPANY INFORMATION

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

Common Name (dba): \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Title: \_\_\_\_\_

Area of Work, City, State(s): \_\_\_\_\_ Email Address: \_\_\_\_\_

Scope of Work: \_\_\_\_\_ Website: \_\_\_\_\_

Scope of Work/Material for which you are prequalifying: \_\_\_\_\_

Material only Labor only Labor & Material

SECTION 2 – ORGANIZATION

Is your firm certified as:

Minority-Owned (MBE) Woman-Owned (WBE) Service-Disabled-Veteran-Owned (SDVOB)

Structure or Company: Corporation Partnership Individual Joint Venture

Date business began: \_\_\_\_\_

State of Incorporation or establishment: \_\_\_\_\_

Federal Employer ID number: \_\_\_\_\_ Dun & Bradstreet number: \_\_\_\_\_

What other names has/does your company operate(d) under? \_\_\_\_\_

Is your company a subsidiary or affiliate of another firm? YES NO

If yes, what is the parent company's name? \_\_\_\_\_



**SECTION 3 – EXPERIENCE**

Provide the specific categories of work that your organization normally performs:

\_\_\_\_\_

\_\_\_\_\_

Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, or defaulted so as to cause a loss to Surety? YES NO

If yes, please describe: \_\_\_\_\_

Has your organization, within the last five years, ever failed to complete any work? YES NO

If yes, please describe: \_\_\_\_\_

Are there any judgments, claims, or arbitration or suits pending or outstanding against your organization or its officers within the last 5 years? YES NO

If yes, please describe: \_\_\_\_\_

Within the last 3 years, has your company performed any work for BBLbc? YES NO

If yes, please describe: \_\_\_\_\_

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

Name of Project Manager: \_\_\_\_\_

Contract Amount: \_\_\_\_\_ Date: \_\_\_\_\_

List 3 major projects your organization has **in progress** for the scope of work for which you are qualifying. Please provide the following for each project:

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Architect: \_\_\_\_\_ Contact Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Percentage complete (your scope): \_\_\_\_\_

Scheduled completion date: \_\_\_\_\_



Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Architect: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Percentage complete (your scope): \_\_\_\_\_  
Scheduled completion date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Architect: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Percentage complete (your scope): \_\_\_\_\_  
Scheduled completion date: \_\_\_\_\_

List 3 major projects your organization **has completed** for the scope of work for which you are qualifying for in the last 5 years. Please provide the following for each project:

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_  
Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Architect: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_  
Percentage complete (your scope): \_\_\_\_\_  
Scheduled completion date: \_\_\_\_\_



Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Architect: \_\_\_\_\_ Contact Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Percentage complete (your scope): \_\_\_\_\_

Scheduled completion date: \_\_\_\_\_

Project Name: \_\_\_\_\_ Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Architect: \_\_\_\_\_ Contact Name: \_\_\_\_\_

General Contractor: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Percentage complete (your scope): \_\_\_\_\_

Scheduled completion date: \_\_\_\_\_

Indicate the size of the projects your company can perform: (check only one)

- <\$50K
- <\$100K
- \$100K-500K
- \$500K-\$1M
- \$1M-\$2M
- \$2M-\$5M
- \$5M-\$10M
- >\$10M

How much of your work is self-performed? (percentage) \_\_\_\_\_ Subcontracted: \_\_\_\_\_



**SECTION 4 – INSURANCE/BONDING**

Name of Insurance Agency: \_\_\_\_\_

Name of Insurance Agent: \_\_\_\_\_

Phone Number of Insurance Agent: \_\_\_\_\_

**COMMERCIAL GENERAL LIABILITY**

Name of Carrier: \_\_\_\_\_

Policy Form: \_\_\_\_\_

Are there any exclusions from the Standard CGL Policy? YES NO

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

<b>Limits:</b>	<b>Current</b>	<b>Max Obtainable</b>
General Aggregate		
Products-Comp/Op Aggregate		
Personal/Adv. Injury		
Each Occurrence		
Fire Damage (any one fire)		
Med. Exp. (any one person)		

**EXCESS LIABILITY**

Name of Carrier: \_\_\_\_\_

<b>Limits:</b>	<b>Current</b>	<b>Max Obtainable</b>
Each Occurrence		
Aggregate		



**WORKERS COMPENSATION & EMPLOYERS LIABILITY**

Name of Carrier: \_\_\_\_\_

Limits:	Current	Max Obtainable
Each Accident		
Disease - Policy Limit		
Disease - Each Employee		

**AUTO LIABILITY**

Name of Carrier: \_\_\_\_\_

Limits:	Current	Max Obtainable
Combined Single Limit		
Bodily Injury (per person)		
Bodily Injury (per accident)		
Property Damage		

**PROFESSIONAL LIABILITY**

Name of Carrier: \_\_\_\_\_

Policy Limit: \_\_\_\_\_

Project Specific Limit Available: \_\_\_\_\_

**BONDING**

Name of Bonding/Surety Company: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Bonding Rate: \_\_\_\_\_ Bonding Capacity: \_\_\_\_\_ Aggregate: \_\_\_\_\_

Amount of work currently bonded: \_\_\_\_\_

**\*PLEASE PROVIDE A COPY OF YOUR CURRENT CERTIFICATE OF INSURANCE (GENERAL LIABILITY, WORKER'S COMP, AUTO, AND EXCESS LIABILITY).**



**SECTION 5 – SAFETY & LOSS PREVENTION**

**SAFETY PROFILE**

Do you have a written safety and health program? YES NO

If yes, is it available to BBLbc upon request? \_\_\_\_\_

Do you have a New Employee Safety Orientation Program? YES NO

Do you hold Site Safety Meetings? YES NO

Please attach your last three years OSHA 300A Summary.

In the last three years, has your company ever received a Serious, Willful or Repeat Violation under the OSHA Construction or General Industry Standards? YES NO

If yes, please list the OSHA Standard for which your company was cited under if any monetary fines were paid: \_\_\_\_\_

Describe safety training that supervisory or other personnel have:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a written Substance Abuse Policy? YES NO

- Pre-Employment       Post-Incident       Random       For Cause

If yes, is it available upon request? \_\_\_\_\_

Has your company had any fatalities in the last five years? YES NO

If yes, please describe the changes made to your safety policy as a result:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION 6 – QUALITY ASSURANCE/QUALITY CONTROL**

**QUALITY ASSURANCE/QUALITY CONTROL**

Do you have a written quality control program? YES NO

If yes, please attach a copy of your quality control policy.

How often do you update your quality control manual? \_\_\_\_\_

Do you have a full-time Quality Control Director? YES NO

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

Do you have an apprenticeship program? YES NO

If yes, please explain: \_\_\_\_\_

Do you have a tradesman training program? YES NO

If yes, please explain: \_\_\_\_\_

Do you retain a third-party inspection and testing consultant? YES NO

If yes, please list the name and company: \_\_\_\_\_

Do you develop and use preconstruction/constructability plan review? YES NO

Do you erect sample panels and/or mock ups? YES NO

Have inspection checklists been developed? YES NO

How do you monitor delivery and source materials?  
\_\_\_\_\_  
\_\_\_\_\_

What type of effort do you make to extend protecting stored materials on-site and off-site?  
\_\_\_\_\_  
\_\_\_\_\_

Do you perform your own winter weather protection of installed and stored materials? YES NO

Have you had any construction defect claims/litigation in the last 5 years? YES NO

If yes, please explain: \_\_\_\_\_

If yes, please describe the changes made to your quality process:  
\_\_\_\_\_  
\_\_\_\_\_





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**WE CERTIFY THAT ALL INFORMATION IN THIS QUESTIONNAIRE AND THE ATTACHMENTS ARE TRUE AND CORRECT, TO THE BEST OF OUR KNOWLEDGE. WE HEREBY AUTHORIZE BBLbc AND ITS REPRESENTATIVES, TO INVESTIGATE DIRECTLY WITH THE CONTACTS GIVEN HEREIN, ANY INFORMATION PERTAINING TO THE UNDERSIGNED AND/OR INDIVIDUALS INVOLVED THEREIN. WE AUTHORIZE OUR FINANCIAL INSTITUTIONS PRIOR AND EXISTING SURETIES, CUSTOMERS, CREDITORS, AND SUPPLIERS TO RELEASE CREDIT HISTORY AND OTHER UNDERWRITING OR QUALIFICATION INFORMATION. WE UNDERSTAND THAT ANY INACCURATE INFORMATION PROVIDED MAY BE GROUNDS FOR DISQUALIFICATION.**

Signed: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

*PLEASE TYPE YOUR NAME AS AN ELECTRONIC SIGNATURE IN AGREEMENT TO THE ABOVE STATEMENT.*

**LIST OF ATTACHMENTS**

Copy of current Certificate of Insurance	YES	NO
OSHA 300A (3 years)	YES	NO
Quality Control Program	YES	NO
Other, please list below:		

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