

5160 Tennyson Parkway,

Suite 3000E

Plano, TX 75024

P: 214.276.0433

# SUBCONTRACTOR/VENDOR QUALIFICATION

**22 Century Hill Drive**

**Suite 201**

**Latham, New York 12110**

**P: 518.213.1060 F: 518.213.10**

\*Once completed, please email to Andrea Staiger at andreastaiger@bblbuildingco.com

Date:

Master Trade(s):

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:

Fax No.: Email Address:

Web site:

Where do you work? (States and Cities):

Scope of work/ Material for which you are prequalifying:

Material only Labor only Labor & Material

**SECTION 2 - ORGANIZATION**

State of Incorporation or establishment:

Federal Employer ID number: Dun & Bradstreet number: What other names has/does this 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?*

Joint Venture

Partnership Individual

Structure or Company: Corporation

Date business began:

Small Business (SBE)

Is your firm certified as

Minority owned Woman Owned (WBE)

**SECTION 3 - EXPERIENCE**

1. Provide the specific categories of work that your organization normally performs:
2. Has your firm or any of its principals ever petitioned for bankruptcy, failed in business, or defaulted so as to cause a loss to a Surety? Yes No\_\_\_\_

*If yes, please describe*

1. Has your organization within the last five years ever failed to complete any work? Yes No

*If yes, please describe*

1. Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers with in the last 5 years? Yes No\_\_\_\_

*If yes, please describe*

1. Has your organization filed any lawsuits or requested arbitration with regard to contracts within the last 5 years? Yes\_\_\_\_ No\_\_\_\_

*If yes, please describe*

1. Within the last 5 years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a contract? Yes No

*If yes, please describe*

1. Within the last 3 years has your company performed any work for BBLbc? Yes No

*If yes, please describe*

Project Name:

Project Manager Name:

Contract Amount:

Date:

1. List 3 major projects your organization has **in progress** for the scope of work for which you are prequalifying. Provide the following information for each project:

**Project Name: Location: Owner: Contact/Phone: Architect: Contact/Phone: General Contractor: Contact/Phone: Contract Amount:**

**Percentage complete (your scope):** **Percentage of subcontracted work:** **Scheduled completion date:**

**Project Name:** \_ **Location:**  **Owner: Contact/Phone: Architect: Contact/Phone: General Contractor: Contact/Phone: Contract Amount:**

**Percentage complete (your scope):**

**Percentage of subcontracted work:**

**Scheduled completion date:**

**Project Name: Location: Owner: Contact/Phone: Architect: Contact/Phone: General Contractor: Contact/Phone: Contract Amount:**

**Percentage complete (your scope):**

**Percentage of subcontracted work:**

**Scheduled completion date:**

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

**Project Name: Location: Owner: Contact/Phone: Architect: Contact/Phone: General Contractor: Contact/Phone: Contract Amount:**

**Percentage complete (your scope):** **Percentage of subcontracted work**: **Scheduled completion date:**

**Project Name:**  **Location:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Owner: Contact/Phone: Architect: Contact/Phone: General Contractor: Contact/Phone: Contract Amount:**

**Percentage complete (your scope):**

**Percentage of subcontracted work:**

**Scheduled completion date:**

**Project Name: Location: Owner: Contact/Phone: Architect: Contact/Phone: General Contractor: Contact/Phone: Contract Amount:**

**Percentage complete (your scope):**

**Percentage of subcontracted work:**

**Scheduled completion date:**

1. In what geographic range are you willing to travel from your primary office?

+/- 100 miles +/- 200 miles +/- 400 miles All areas

1. 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

1. 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: \_ \_

1. **Commercial General Liability**

Name of Carrier:

Policy Form:

Are there any exclusions from the Standard CGL Policy? \_\_\_\_\_Yes No

*If yes, please describe:*

|  |  |  |
| --- | --- | --- |
| **Limits:** | **Current** | **Max Obtainable** |
| 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:

|  |  |  |
| --- | --- | --- |
| **Limits** | **Current** | **Max Obtainable** |
| Each Occurrence |  |  |
| Aggregate |  |  |

# Workers Compensation & Employers Liability

Name of Carrier:

|  |  |
| --- | --- |
| **Limits** |  |
| 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

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**P: 518.213.1060 F: 518.213.1070**

Name of Bonding/Surety Company:

Agent Name:

Phone Number: Fax Number:

Bonding Rate: Bonding Capacity: Aggregate:

Amount of work currently Bonded:

Provide a copy of your current certificate of insurance (General Liability, Auto, Worker's Comp and Excess Liability.)

# SECTION 5 - SAFETY & LOSS PREVENTION

**SAFETY PROFILE**

1. Do you have a written safety and health program? Yes

*If yes, is it available to BBLbc upon request?*

1. Do you have a New Employee Safety Orientation Program? Yes
2. Do you hold Site Safety Meetings? Yes
3. Please attach your last three years OSHA 300A Summary.
4. In the last 3 years, has your company ever received a Serious, Willful or Repeat Violation

under the OSHA Construction or General Industry Standards? Yes *If yes, please list the OSHA Standard for which your company was cited under and if any monetary fines were paid.*

1. Describe safety training that supervisory or other personnel have:

No \_

No \_

No \_

No \_

1. Do you have a written Substance Abuse Policy? Yes No \_

Pre-Employment Post Incident \_ Random \_For Cause

*If yes, is it available upon request?*

1. Has your company had any fatalities in the last five years? Yes

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

No \_

# SECTION 6 - QUALITY ASSURANCE/QUALITY CONTROL

**Quality Assurance/Quality Control**

1. Do you have a written quality control program? Yes

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

1. How often do you update your quality control manual?
2. Do you have a full time Quality Control Director? Yes

Name:

1. Do you have an apprenticeship program? Yes

*If yes, please explain:*

1. Do you have a tradesman training program? Yes

*If yes, please explain:*

1. Do you retain a third-party inspection and testing consultant? Yes

*If yes, please list the name and company:*

1. Do you develop and use preconstruction/constructability plan review? Yes
2. Do you erect sample panels and/or mock ups? Yes
3. Have inspection checklists been developed? Yes
4. How do you monitor delivery and source materials?
5. What type of effort do you make to extend protecting stored materials on-site and off-site?

No \_

No \_

No \_

No \_

No \_

No \_

No \_

No \_

1. Do you perform your own winter weather protection of installed and stored materials? Yes

*If yes, please explain:*

1. Have you had any construction defect claims/litigation in the last 5 years? Yes

*If yes, please explain:*

1. If you have had any construction defect claims, describe the changes made to your quality process.

No \_

No \_



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WE CERTIFY THAT ALL INFORMATION IN THIS QUESTIONAIRE AND THE ATTACHMENTS IS 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 THE INDIVIDUALS INVOLVED THERIN. 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 AND AGREEMENT TO THE ABOVE STATEMENT.

# LIST OF ATTACHMENTS

1. Copy of current Certificate of Insurance Yes
2. OSHA 300A (3 Years) Yes
3. Quality Control Program Yes
4. Other, please list below

No \_

No \_

No \_

