BBL BUILDING COMPANY

5160 Tennyson Pkwy, Suite 3000E
Plano, TX 75024

SUBCONTRACTOR/VENDOR QUALIFICATION

*Once complete, please email to: Andrea Staiger at andreastaiger@bblbuildingco.com
Sam McGuire at SMcGuire@bblflorida.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: _____

Email Address: _____

Where does your company do work? (States/Cities/Counties):

	Yes	No		Yes	No		Yes	No		Yes	No		Yes	No		Yes	No
Alabama - All	☐	☐	Florida - South	☐	☐	Florida - Sarasota	☐	☐	Georgia - Valdosta	☐	☐	North Carolina - Charlotte	☐	☐	Texas - Houston	☐	☐
Arizona - All	☐	☐	Florida - Central	☐	☐	Florida - Tallahasse	☐	☐	Idaho - Boise	☐	☐	North Carolina - Greensboro	☐	☐	Texas - Midland	☐	☐
Arkansas - All	☐	☐	Florida - Jacksonville	☐	☐	Florida - Tampa	☐	☐	Kansas - All	☐	☐	North Carolina - Raleigh	☐	☐	Texas - San Antonio	☐	☐
Arkansas - NWA	☐	☐	Florida - Daytona Beach	☐	☐	Georgia - All	☐	☐	Kansas - Kansas City	☐	☐	North Carolina - Winston-Salem	☐	☐	Texas - Waco	☐	☐
Arkansas - Central	☐	☐	Florida - Destin	☐	☐	Georgia - Atlanta	☐	☐	Louisiana - All	☐	☐	North Carolina - Wake Forest	☐	☐	Washington - All	☐	☐
Colorado - All	☐	☐	Florida - Fort Myers	☐	☐	Georgia - Athens	☐	☐	Mississippi - All	☐	☐	South Carolina - All	☐	☐	Washington - Seattle	☐	☐
Colorado - Colorado Springs	☐	☐	Florida - Miami	☐	☐	Georgia - Albany	☐	☐	New Mexico - Albuquerque	☐	☐	Tennesse - Nashville	☐	☐	Washington - Tacoma	☐	☐
Colorado - Denver	☐	☐	Florida - Ocala	☐	☐	Georgia - Augusta	☐	☐	North Carolina - All	☐	☐	Texas - All	☐	☐	Virginia - All	☐	☐
Florida - All	☐	☐	Florida - Orlando	☐	☐	Georgia - Columbus	☐	☐	North Carolina - Wilmington	☐	☐	Texas - Austin	☐	☐	Virginia - North	☐	☐
Florida - North	☐	☐	Florida - Pensacola	☐	☐	Georgia - Macon	☐	☐	North Carolina - Fayetteville	☐	☐	Texas - Dallas/DFW	☐	☐	Virginia - South	☐	☐
National	☐	☐	Other Areas Not Listed:														

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 ☐ Woman Owned (WBE) ☐ Small Business (SBE) ☐

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 this company operate(d) under? _____

Is your company a subsidiary or affiliate of another firm? Yes ☐ No ☐

If yes, what is the parent companies name? _____

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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 _____

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

If yes, please describe _____

4. Are there any judgments, claims, or arbitration proceedings or suits pending or outstanding against your organization or its officers within the last 5 years? Yes☐ No☐

If yes, please describe _____

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

If yes, please describe _____

6. 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 _____

7. 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: _____

8. 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: _____ **Project Location:** _____

General Contractor: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contract Amount: _____

Percentage complete (your scope): _____

Percentage of subcontracted work: _____

Scheduled completion date: _____

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Project Name: _____ **Project Location:** _____

General Contractor: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contract Amount: _____

Percentage complete (your scope): _____

Percentage of subcontracted work: _____

Scheduled completion date: _____

Project Name: _____ **Project Location:** _____

General Contractor: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contract Amount: _____

Percentage complete (your scope): _____

Percentage of subcontracted work: _____

Scheduled completion date: _____

9. 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: _____ **Project Location:** _____
General Contractor: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____
Contract Amount: _____
Percentage complete (your scope): _____
Percentage of subcontracted work: _____
Scheduled completion date: _____

Project Name: _____ **Project Location:** _____
General Contractor: _____
Contact Name: _____
Contact Phone: _____
Contact Email: _____
Contract Amount: _____
Percentage complete (your scope): _____
Percentage of subcontracted work: _____
Scheduled completion date: _____

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Project Name: _____ **Project Location:** _____

General Contractor: _____

Contact Name: _____

Contact Phone: _____

Contact Email: _____

Contract Amount: _____

Percentage complete (your scope): _____

Percentage of subcontracted work: _____

Scheduled completion date: _____

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

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

11. 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 ☐

12. 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)		

2. Excess Liability

Name of Carrier: _____

Limits	Current	Max Obtainable
Each Occurrence		
Aggregate		

3. Workers Compensation & Employers Liability

Name of Carrier: _____

Limits	
Each Accident	
Disease - Policy Limit	
Disease - Each Employee	

4. Auto Liability

Name of Carrier: _____

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

5. Professional Liability

Name of Carrier: _____

Policy Limit: _____

Project Specific Limit Available: _____

6. Bonding

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.) ☐

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SECTION 5 - SAFETY & LOSS PREVENTION

SAFETY PROFILE

1. Do you have a written safety and health program? Yes☐ No☐

   If yes, is it available to BBLbc upon request? Yes☐ No☐

2. Do you have a New Employee Safety Orientation Program? Yes☐ No☐

3. Do you hold Site Safety Meetings? Yes☐ No☐

4. Please attach your last three years OSHA 300A Summary.

5. 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☐ No☐

   *If yes, please list the OSHA Standard for which your company was cited under and if any monetary fines were paid.*_____

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

7. Do you have a written Substance Abuse Policy? Yes☐ No☐

   Pre-Employment☐ Post Incident☐ Random☐ For Cause☐

   If yes, is it available upon request? _____

8. 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.

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SECTION 6 - QUALITY ASSURANCE/QUALITY CONTROL

Quality Assurance/Quality Control

1. Do you have a written quality control program? Yes☐ No☐

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

2. How often do you update your quality control manual? _____

3. Do you have a full time Quality Control Director? Yes☐ No☐

   Name: _____

4. Do you have an apprenticeship program? Yes☐ No☐

   If yes, please explain: _____

5. Do you have a tradesman training program? Yes☐ No☐

   If yes, please explain: _____

6. Do you retain a third-party inspection and testing consultant? Yes☐ No☐

   If yes, please list the name and company: _____

7. Do you develop and use preconstruction/constructability plan review? Yes☐ No☐

8. Do you erect sample panels and/or mock ups? Yes☐ No☐

9. Have inspection checklists been developed? Yes☐ No☐

10. How do you monitor delivery and source materials? _____

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

    _____

12. Do you perform your own winter weather protection of installed and stored materials? Yes☐ No☐

13. *If yes, please explain:* _____

14. Have you had any construction defect claims/litigation in the last 5 years? Yes☐ No☐

    If yes, please explain: _____

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

    _____

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☐ No☐
2. OSHA 300A (3 Years) Yes☐ No☐
3. Quality Control Program Yes☐ No☐
4. Other, Please list below Yes☐ No☐