

P. 713-671-5300 F. 713-671-5340 15400 Vantage Parkway West Houston, TX 77032 www.NorthwindsConst.com

### **SUBCONTRACTOR QUALIFICATION FORM**

Instructions: Elaboration of the following requested information or additional information deemed to be useful for evaluation of your company's capabilities may be included with this form. Your completed Subcontractor Qualification Form will be filed with Northwinds Construction, LLC. as a basis for determining bid sources. Current information and form resubmission may be requested for future projects. This form may be e-mailed to crobinson@northwindsconst.com or faxed to 713-671-5340.

	Date:		
Company Name:	E-mail Address:		
Company Web site:	Address:		
Company President:			
Telephone: Fax:	Federal Tax ID Number:		
Remittance Address:	In Compliance with EEO Requirements?: Y or N		
	Union Affiliations: Local: National:		
*If your company address is different for remittance purposes,	please indicate here:		
Indicate type of hyginage organization:	Voore in huginees under procent name:		
Indicate type of business organization:	Years in business under present name:		
	Years performing work specialty:		
	Work now under contract \$:		
	Work in place last year \$		
State and date of incorporation:	Avg. annual sales last 3 yrs. \$		
Main Contact Person:	Title:		
E-mail Address (FOR BID NOTIFICATION):	State/County/City license(s) holders(s) (and numbers):		
	·		
Work Normally Subcontracted:			
Work Normally Subcontracted:			



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Has your Company ever failed to complete a contract? If so, please explain:
Are there claims against your Company? If so, please explain:
INSURANCE: Sample Certificate of Insurance showing coverage and limits for General Liability, Automobile Liability, Excess Umbrella Liability, and Worker's Compensation must be submitted with this completed form.  Experience Modification Rating:
SAFETY:
Does your Company have a written safety program? Y or N
In the previous three years has your Company been cited for any serious OSHA violations? If so, please explain:
OSHA Recordable Incident Rate for: 2011 2010 2009
SAFETY:  Does your Company have a written safety program? Y or N  In the previous three years has your Company been cited for any serious OSHA violations? If so, please explain:

### **COMPLETED PROJECTS:**

Please list your Company's projects for the last 5 years, including project names, location, names and contact information for the Owner and Architect, contract amount, scheduled completion date, and actual completion date. Include your list with this form.

#### **CURRENT PROJECTS:**

Please list your Company's projects currently in progress, including the project name and location, names and contact information for the Owner and Architect, contract amount, and scheduled completion date.



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REFERENCES: Please	e provide six vendor refe	rences and a bank reference:				
Company Name:		Company Name: _				
Contact Person:		Telephone:				
Telephone:		Contact Person: _				
Company Name:		Company Name: _				
Contact Person:		Telephone:				
Telephone:		Contact Person: _				
Company Name:		Company Name: _				
Contact Person:		Telephone:				
Telephone:		Contact Person: _				
Bank Name:		Contact Person: _				
	Telephone:					
		statement, preferably audited, includi ssets, net fixed assets, current liabiliti	ng your organization's latest balance es, and other liabilities.			
Name of Firm Preparing Statement:						
Address of Firm Preparing Statement:						
Date Therof:  If the attached financial statement is not for the identical company named on page one, please explain:						
COMPANY TYPE (Ple	ase circle one):					
Corporation	Partnership	Sole Proprietorship	Other:			





# **SUBCONTRACTOR QUALIFICATION FORM**

Signature		
Printed Name		
	Title	

Date