

SUBCONTRACTOR
QUALIFICATION
PROCEDURE 703P



Company and Contact Information:

Company Name (legal): _____

DBA (does business as, if applicable): _____

Summary of services offered: (trades, scope, CSI codes) _____

of office employees: _____ # of field employees: _____

Main Office Address: _____

Phone: _____ Fax: _____

Nevada Office Address: (if different than above) _____

Phone: _____ Fax: _____

Other Locations: (list city/st) _____

Principals: (list principal names and titles)

name _____ *title* _____ *phone* _____

name _____ *title* _____ *phone* _____

name _____ *title* _____ *phone* _____

Qualification Main Contact: (for follow-up re: this form) *name* _____ *phone* _____

e-mail _____ *fax* _____

Estimating Main Contact (for bid related correspondence) *name* _____ *phone* _____

e-mail _____ *fax* _____

location _____ (*city/state*) _____

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Industry Information

Contractors license(s): *(List any new licenses since last qualification application)*

Have any of your company's licenses ever been revoked or suspended? Yes No

If Yes, please explain: *(include dates)* _____

Has your company been disciplined or fined by another state or federal agency for conduct that relates to contracting or construction? Yes No

If Yes, please explain: _____

Preferred geographical work areas (check as many as apply, add others as needed):

_____ No. Nevada	_____ Idaho	_____ Colorado	_____	_____
_____ So. Nevada	_____ Montana	_____ Utah	_____	_____
_____ Ea. Nevada	_____ Arizona	_____ New Mexico	_____	_____
_____ No. California	_____ Washington	_____ Oregon	_____	_____
_____ So. California	_____ Texas	_____ Wyoming	_____	_____

Minority, Small, or Disadvantaged Business
Status(es): *(list or enter "none")*

References and Trade Associations

Please list 3 trade references with whom you have worked in the last year:

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list 3 General Contractors with whom you have worked in the last year:

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please list any union agreements to which you are signatory

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RENEWAL FORM (703.4) ▾

Financial Information

Please enclose the **current year's interim financial statement, a copy of your latest AR and AP aging reports and the prior year's annual financial statements**, in a separate sealed envelope. Mark it "Confidential, Financial Statements" and include your company name as well.

Volume and Backlog:

Average Annual Volume:	\$ _____	State of Nevada Contractor's License Limit if applicable:	\$ _____
Largest contract:			
2008	\$ _____	General Contr.:	_____
2009	\$ _____	General Contr.:	_____
2010	\$ _____	General Contr.:	_____
Amount of Work Currently Under Contract:	\$ _____	Backlog Volume:	\$ _____

Banking:

Primary Bank Name:	_____		
Bank Officer's Name:	_____	Phone:	_____
Line of Credit:	\$ _____	Unused Portion:	\$ _____
		Exp. Date:	_____

Bonding: *enclose a statement from your surety company (not your broker or insurance company) attesting to capacity and limits*

Average \$ Value for Bonds Obtained in Last 3 Years:	\$ _____	Largest Bond Obtained in Last 3 Years:	\$ _____
Bonding Co.:	_____	Contact Person:	_____
Phone:	_____	E-mail:	_____
Broker:	_____	Contact Person:	_____
Phone:	_____	E-mail:	_____
Bonding Co. Best Rating:	_____	Bonding Co. Surety Max. Fed Register Bond Limit:	_____
		Bonding Capacity:	
		Single job	_____
		Aggregate	_____

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Safety Information

Q&D has a full-time safety department devoted to the health and safety of our employees. This commitment to safety extends to our expectations from our subcontractor partners. Information you provide here is subject to substantiation through OSHA and/or your insurance carrier.

- Experience Modification Rate: 2010 _____ 2009 _____ 2008 _____
If EMR is exactly 1.0, explain: _____
(new?, too small?) _____
- Self Insured for Workers Comp? Yes No
- Do you have a written safety plan? Yes No
- OSHA 300 Information:
(use logs to complete the following)

	2010	2009	2008
Number of Lost Workday Cases:	_____	_____	_____
Number of Restricted Workday Cases:	_____	_____	_____
Number of Injuries/Illnesses OSHA Recordable:	_____	_____	_____
Number of Fatalities:	_____	_____	_____
Number of Hours worked by the company for the calendar year being reported:	_____	_____	_____
- Do you hold on-site safety meetings w/ field supervisors? Yes No
If 'Yes', how often? Weekly Monthly As Needed
- Do you conduct Project Safety Inspections? Yes No
If 'Yes', how often? Weekly Monthly As Needed
- Do you have a Drug Testing Program? Yes No
If 'Yes', please describe _____
- Does your company hold Employee Toolbox Meetings? Yes No
If 'Yes', how often? Weekly Monthly As Needed
- Who is in charge of your company's safety program?
name _____
title _____
phone _____ fax _____

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Litigation Information

Please attach a separate letter to this form to explain any "YES" answers.

1. Has your company been terminated from a contract before completion? Yes No
2. Has your firm been declared to be in default on any contract before completion? Yes No
3. Has a settlement been paid by your firm in excess of \$25,000? Yes No
4. Has there been a judgment rendered for breach of contract in the last 5 years? Yes No
5. Has the company been disqualified from being awarded a contract by a public body? Yes No
6. Has the company been convicted of a violation for discrimination in employment in the 2 years preceding the date of application? Yes No
7. Has the company ever been fined by a state contractor's board or another state or federal agency? Yes No
8. Has your company filed as debtor under the provisions of the United States Bankruptcy Code within the last 5 years? Yes No
9. Has your company forfeited any bonds posted by the company in the last 5 years? Yes No
10. Have liquidated damages been assessed against your firm in the last 5 years? Yes No
11. In the last 10 years, has your firm or any of its owners, officers or partners, been found liable in a civil suit, or convicted/found guilty in a criminal action: (a) involving the awarding of a contract of a government construction project, (b) involving the bidding or performance of a government contract, (c) involving fraud, theft or any other act of dishonesty, including but not limited to the Federal False Claims Act? Yes No

Applicant's Certification

I, the undersigned, as an Owner or Officer of the applicant company, certify and declare that I know the contents of all documents submitted pursuant to the Q&D Subcontractor Qualification process, have read the foregoing answers to the Qualification Renewal Form 703.4, and enclosed required attachments and know their contents. The matters contained in, or submitted pursuant to the Qualification Renewal Form 703.4 and all documents submitted herewith, are true of my own knowledge and belief. I declare that the foregoing is true and correct.

Signed: _____

Date: _____

Name: _____

Title: _____