



## Subcontractor Qualification Statement Application

*Incomplete applications can not be processed and will be returned.*

### 1. General Information

Company Name: \_\_\_\_\_  
President: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
Fed ID#: \_\_\_\_\_  
Website: \_\_\_\_\_  
Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

Type of work performed?

Division: \_\_\_\_\_ CSI Code #: \_\_\_\_\_  
Geographic Area of Work: \_\_\_\_\_  
County Certifications: \_\_\_\_\_

### 2. Mailing Address if different from above

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

### 3. Project Executive

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Mobile#: \_\_\_\_\_

### 4. Contact person responsible for handling billing

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Email: \_\_\_\_\_ Office Ph: \_\_\_\_\_

5. Number of years in business? \_\_\_\_\_ years

Under Present Name? Yes  No

6. Is your organization a:  Corporation  Partnership  Sole Proprietorship

Date of Incorporation: \_\_\_\_\_ State of Incorporation \_\_\_\_\_

### 7. Names of officers/partners/owners:

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

## Subcontractor Financial Information

8. Has the company ever filed for bankruptcy?                      Yes                       No

If yes please explain fully on a separate sheet.

9. Has the company ever failed to complete any work?                      Yes                       No

If yes please explain fully. \_\_\_\_\_

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10. Are there any judgments or claims pending against or contemplated by the company that could negatively impact its ability to perform its contract?

Yes                       No

If yes please explain fully on a separate sheet.

11. Annual sales volume for the past three years.

\$ \_\_\_\_\_ (2006)                      \$ \_\_\_\_\_ (2007)                      \$ \_\_\_\_\_ (2008)

12.    Bank Name: \_\_\_\_\_  
       Contact Name: \_\_\_\_\_ Phone No: \_\_\_\_\_

13. Does your company have the ability to furnish Performance and Payment Bonds?

Yes                       No

If yes, what is the bonding capacity remaining?    \$ \_\_\_\_\_

Bonding Company: \_\_\_\_\_ Agent: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Single Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

## Insurance

14. General Insurance Information

Insurance Co. Name: \_\_\_\_\_ Agent: \_\_\_\_\_  
Address: \_\_\_\_\_  
Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_  
General Liability Limits: \_\_\_\_\_ Automobile Limits: \_\_\_\_\_  
Umbrella Limits: \_\_\_\_\_ Workers Comp. Policy: Yes  No

## Qualification Statement

15. Size project most competitive in performing (please check one)

Under \$100,000    \$100,000 to \$200,000    \$200,000 to \$500,000    \$500,000 to \$1m

Largest Project Completed: \$ \_\_\_\_\_

16. Types of construction your company specializes in:

Residential    Industrial    Commercial    Other: \_\_\_\_\_

17. List Two (2) Major Suppliers:

Company : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

Company : \_\_\_\_\_ Contact: \_\_\_\_\_

Address: \_\_\_\_\_

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

Email: \_\_\_\_\_

## Safety

18. Safety and Loss of Control Data

a. List the company's Experience Modifier Rate for the past three years.

(2006) \_\_\_\_\_ (2007) \_\_\_\_\_ (2008) \_\_\_\_\_

b. Has your company ever been cited by OSHA in the past five years? Yes  No

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

c. Does your company have a loss control specialist visit the project sites? Yes  No

If yes, how often? \_\_\_\_\_

19. Does your company agree to actively participate in Bruss Construction, Inc. client programs?

Job Safety Program                      Yes                       No

Job Closeout Program                      Yes                       No

Client Satisfaction Program                      Yes                       No

## Work History

20. List any services the company can provide that are not detailed in the section that follows:

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21. List three (3) Current Major Projects that are currently being performed:

**Customer:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Project Locations: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_  
Architect: \_\_\_\_\_ **Contact:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

**Customer:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Project Locations: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_  
Architect: \_\_\_\_\_ **Contact:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

**Customer:** \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Project Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Project Locations: \_\_\_\_\_  
Scope of Work: \_\_\_\_\_  
Architect: \_\_\_\_\_ **Contact:** \_\_\_\_\_  
General Contractor: \_\_\_\_\_ **Contact:** \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_

**Bruss Construction, Inc. Payment Terms**

Provided an Application for Payment is received by the Subcontractor not later than the 25<sup>th</sup> of each month, the Contractor shall include the Subcontractor's work covered by that application in the next Application for Payment. The Contractor shall pay the Subcontractor each progress payment with then (10) working days after the Contractor receives payment from the Owner.

**Certification**

The undersigned hereby certifies that to the best of his/her knowledge and belief that the information provided herein is true, correct and sufficiently complete so as not to be misleading. It is also understood that any misleading and/or false statements contained herein may disqualify the company and/or be sufficient cause for termination of any contract, agreement or work assignment award by Bruss Construction, Inc.

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

**To be Completed by Bruss Construction, Inc.**

Date Received :

Received By:

Approved By:

Disapproved By:

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