



## Subcontractor Qualification Form

(Completion of this Qualification Form is Required of **ALL** Subcontractors)

Please email completed form as well as all attachments to

debbies@compass-gc.com

### GENERAL COMPANY INFORMATION

Legal Name -			
DBAs -			
Street Address -			
City / State / Zip -			County -
Main Office Phone -			Fax -
Contractor Registration # -		State Registration (UBI) # -	
Company Organization - <input type="checkbox"/> LLC <input type="checkbox"/> Corp <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor			
Officers / Partners / Principals / Key Person		Signature Authority	
Name	Title	Contracts	Change Orders
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Formation			
DBE Certifications (if any)			
Primary Contact		Phone	
		Email	
Emergency Contact		Phone	
		Email	

### TRADE INFORMATION

Scopes Bid	CSI / Division	Self Perform (SP) / Subcontracted (S)

Union Contractor <input type="checkbox"/> Yes <input type="checkbox"/> No
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### INSURANCE INFORMATION

*Please attach a copy of your current Certificate of Insurance to evidence coverage together with a SAMPLE of the Certificate of Additional Insured stipulating primary coverage used by your carrier*

Please indicate additional coverages your company has in place		
Contractors Pollution Liability	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Professional Liability (E&O)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Excess Liability (Umbrella)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No
	<input type="checkbox"/> Yes	<input type="checkbox"/> No



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<b>SAFETY INFORMATION</b>			
Average # of Employees		Have you been cited by OSHA / DOSH in the last 5 years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written Safety Program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a return to work / light duty program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written substance abuse / testing policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company review the safety management practices / systems of your sub-tier subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Program Manager / Contact			
Name		Title	
Phone		Email	

WA State Labor & Industries Workers' Compensation Experience Modification Rating (EMR) for three most recent years		
2 _____ Rate :	2 _____ Rate :	2 _____ Rate :
<i>Please attach a copy of your current OSHA 300 form</i>		

<b>BONDING / SURETY INFORMATION</b>
<i>Please provide letter from bonding / surety company on bonding capacity</i>

<b>FINANCIAL INFORMATION</b>			
Projected revenue for current year	2 _____ \$		
Actual revenue for previous three years	2 _____ \$	2 _____ \$	2 _____ \$
Has your company, or any of its' owners, officers, major shareholders ever petitioned for bankruptcy, been terminated on a contract, or failed to complete work awarded? : <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If YES, please explain :			
Is your company, or any of its' owners, officers, or major shareholders currently involved in any arbitration or litigation or have any outstanding judgements or claims against it? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If YES, please explain :			
Does your company, or any of its' owners, officers, or major shareholders have an ownership interest in any other company (currently or in the last 5 years)? <span style="float: right;"><input type="checkbox"/> Yes    <input type="checkbox"/> No</span> If YES, please explain :			



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<b>References</b>			
<i>Owner / General Contractor</i>	<i>Contact</i>	<i>Phone</i>	<i>Email</i>
<i>Major Supplier / Sub-Tier</i>	<i>Contact</i>	<i>Phone</i>	<i>Email</i>
<b>Current (Work In Progress)</b>			
<i>Project</i>	<i>Contract Value</i>	<i>Est. Completion</i>	<i>General Contractor</i>
<b>Upcoming Projects (18 month forecast)</b>			
<i>Project</i>	<i>Contract Value</i>	<i>Est. Completion</i>	<i>General Contractor</i>
<b>Completed Work (previous 5 years)</b>			
<i>Project</i>	<i>Contract Value</i>	<i>Completed</i>	<i>General Contractor</i>

**Please attach your last 2 years' audited, compiled, or reviewed financial statements upon request**

The following signature is from an authorized company representative and attests to the accuracy of the information provided above

\_\_\_\_\_  
 Name \_\_\_\_\_  
 Title Date

**FOR OFFICE USE ONLY**

*Reviewed & Approved*

Chief Estimator \_\_\_\_\_

Project Exec / Sr. PM \_\_\_\_\_

President \_\_\_\_\_