

# Subcontractor Qualification Form

## GENERAL

What is your company's name?

Please choose your currency (USD/CAD)

USD

CAD

Is your company a subsidiary or child to a parent company? If yes, enter parent company name

Yes

No

What is your company's address?

Year company was founded

State/province company founded

Your company's business tax ID

Business tax ID country

US

Canada

What type of work do you normally perform?

What markets does your company normally serve?

What regions does your company normally serve?

Home Office Employees

Field Supervisory Employees

## CERTIFICATIONS

Does your company have any enterprise business certifications?

Certification type

Certificate level

Certificate number/ID

Certification description



Please attach a copy of your **certification documents**.

## UNION

What union affiliations does your company have?

Union name

Union affiliations number

## LICENSES

Does your company have any professional licenses?

License type or number

License state

License agency

Enter additional license description



Please attach a copy of **professional license**.

## CONTACTS

Who are your company contacts?

Who are your prequalification contacts?

## PROJECTS

Provide references of recently completed project.

What is your estimated backlog as of today?

Project name

Location

Completion year

Value

Scope

Reference company

Reference name

Reference phone

Reference email



Please provide us any documents with **additional project references**.

## SAFETY

What is your company's EMR?

Year

Score

Letter



Provide us a copy of your company's current **safety manual**.

What are your company's OSHA 300 results?

Year      Deaths (Box G)      Cases with days away (Box H)      Other recordable cases (Box J)      Total number of hours worked



Provide us a copy of your company's **OSHA 300** results.

## INSURANCE

Who is the broker or agency contact for your insurance programs?

Broker/Agency company name

Contact full name

Phone number

Email

Provide us details of your current insurance policy.

Type

Per occurrence limit

Aggregate limit

Carrier

Policy expiration date



Provide us a copy of your current **certificate(s) of insurance**.



Provide us your additional **insured endorsement(s)** to all applicable policies.

What are the details of your surety/bonding program?

Enter current surety company

Broker agency company name

Contact name

Contact phone number

Single project bonding capacity

Aggregate bonding capacity



Provide us a copy of your **surety letter**.

## FINANCIAL

What are the details of your banking information?

Bank name

Total line of credit

Line of credit available

Bank contact name

Bank contact email

Bank contact phone

What is your company's historical volume/revenue by year?

Year

Revenue



Attach your most recent **financial statement** including balance sheet and statement of income ("P&L"). CPA Audited or Reviewed statements are preferred.

## COVID-19 IMPACT: PEOPLE

Who is the best person at your firm to discuss project safety, personnel, and logistics with?

First name

Last name

Has your full staff been able to return to work consistently? If not, do you expect they will, and what are the limiting factors at this time?

Yes

No

Please confirm safe work practices have been incorporated (e.g. standard operating procedures that follow CDC and local governmental guidelines for in-person meetings, toolbox talks, safety meetings).

Yes

No

Is additional health & safety training available to your staff? If yes, please describe the training.

Yes

No

What impacts (e.g. resequencing, extra shifts, durations expanded, crew size due to social distancing) have you seen to your team's productivity due to new guidelines and regulations?

## COVID-19 IMPACT: PROJECTS

Are any of your projects shut down today? If yes, what percentage of your total revenue?

Yes No

Is your firm prepared if another shutdown occurs? If yes, please detail any plans your organization has put in place.

Yes No

How did shutdowns and subsequent startups impact your organization and any downstream partners you use?

Are enhanced Risk Mitigation Plans being developed for your current projects? If yes, provide detail of what additional mitigation steps you've put in place, including any measures you've taken to monitor your downstream partners.

Yes No

## COVID-19 IMPACT: LIQUIDITY

Who is the best person at your firm to discuss financial questions and planning with?

First name

Last name

As of today, what is your current Cash on Hand?

How long can your firm operate using Cash on Hand?

As of today, what are your current  
Accounts Receivables?

As of today, what are your current  
Overbillings?

As of today, what are your current  
Underbillings?

Did your company qualify and secure access to a loan via CARES Act or the Federal Payroll Protection Plan?  
If yes, what impact has this had for your financial position?

Yes No

Of your current Accounts Receivables, are any aged over 120 days?

If yes, please provide any details about the current status of the project including Owner/Developer and GC involved.

Yes No

Of your current Overbillings, are any aged over 120 days? If yes, please provide details into this outstanding work.

Yes No

Has your company increased your total line of credit as a result of COVID-19?

Yes No

Is your current line of credit dependent on Accounts Receivables? If yes, what additional options are you pursuing?

Yes No

Has your company taken on any new debt (via bank loan or other instrument) to increase available capital?  
If yes, please provide details.

Yes No

Is your firm taking any additional action in order to expand access to capital during this time?

If yes, please provide any additional details.

Yes No

Please confirm you have updated your line of credit position (total and outstanding) in the Financial section of this application.

Yes No

How are delayed financials (payments later than expected or required) being managed?



Please attach an **interim financial statement** if available.



Please attach an updated **Work-in-Progress (WIP) schedule**.

## COVID-19 IMPACT: SUPPLY CHAIN

Have you seen any large cost escalation risks in your supply chain?

If yes, provide detail of the steps you are taking to protect against their impact.

Yes No

Have you seen any supply availability risks in your supply chain?

If yes, provide detail of the steps you are taking to protect against their impact.

Yes No

Are you expecting any significant delays on material shipments?

If yes, please provide details.

Yes No

Do you have any concerns about impact to downstream subcontractors or suppliers that you rely upon?

If yes, please provide any details so that we can work with you.

Yes No

Will you be suggesting any use of alternative or substitute materials?

If yes, please indicate which projects and who we should contact to discuss.

Yes No

Do you collect security from lower tiers (via unconditional or conditional lien waivers or other instrument).

If yes, how often?

Yes No

Have you verified the financial and operational standing of all your subcontractors/suppliers in the last 90 days?

If yes, please indicate any that are not in good standing.

Yes No