



Subcontractor's Profile

Organization

Name of Company:

Address:

City:

State:

Zip:

Telephone No:

Fax Number:

Website:

Form of Business:

☐ Corporation ☐ Subchapter-S Corporation ☐ Limited Liability Company (LLC) ☐ Partnership ☐ Proprietorship

Federal ID #:

Date Founded:

State of Formation:

Indicate if your business qualifies as:

☐ DBE ☐ MBE ☐ SBE ☐ WBE

If Yes, Provide Certification Numbers:

1. Corporate Officers and / or Shareholders-Partners-Proprietor:
Key-man Life Insurance

Held %of

Amount	Name Beneficiary	Residence Address	Age	Position	Since	Ownership
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2. Have there been any changes in the control or management of the company during the last five years?
If yes, please explain fully in Additional Information Section.

Yes ☐ No ☐

3. Has your company or any of its principals or their spouses, or a company with which they were associated, ever failed in business, petitioned for bankruptcy, compromised with creditors, defaulted on a contract or caused a loss to a surety?
If yes, please explain fully in Additional Information Section.

4. Key personnel (Principals, Estimators, Project Managers, Superintendents, Foremen, etc.); attach resume for each person:

5. Provide a list of all current employees that includes their names, positions, titles and respective years with the company or years of relevant experience.

6. If this questionnaire is being submitted for a specific project opportunity, attach a copy of the resumes of the proposed Project Executive, Senior Project Manager, Project Manager(s), Project Engineer(s), Superintendent(s) and Foremen.

7. Continuity – Completion of Work:

- a) Is there a buy-sell agreement in effect?

Yes (attach a copy) ☐ No ☐

- b) Is the agreement funded by life insurance?
If yes, enter amount of insurance: \$

Yes ☐ No ☐

- c) Who are the parties to the buy-sell agreement? Give details if copy not provided to Contractor.

- d) What arrangements have been made to assure that contracts are completed if the owners are not available?

8. Parent, Affiliate and / or Subsidiary Companies:

Indemnity	Has endorsed for full legal name	Location	Ownership	Operations	Available?	Obligation of:

Background and History

1. When did present management assume control?

2. Name of Predecessor

What happened to Predecessor?

3. Is this company, owners or officers of company, or related companies presently engaged in any litigation?
If yes, please explain fully in Additional Information Section.

Yes ☐ No ☐

4. List below largest contracts completed under present management. Indicate type of contract (i.e., Fixed Price, Cost Plus, GMP, etc.).

Contract Price

Location

Owner

Architect or Engineer

When Started

When Completed

Amount of Loss

Project Manager

Surety

Verified: Yes ☐ No ☐

- | | | Description | Year |
|----|------------------------------|-------------|------|
| 5. | Largest Project bid \$ | | |
| 6. | Largest Project Under bid \$ | | |
| 7. | Current Backlog \$ | | |

Operation

1. In which geographic area do you normally work?

2. Do you ever work outside this area? Yes ☐ No ☐
If yes, where and when?

3. In which states are you licensed? (List states, types of licenses and license numbers).

4. Has a complaint ever been filed with a State License Board against your firm? Yes ☐ No ☐
If yes, please describe.

5. Has the license ever been denied or revoked? Yes ☐ No ☐
If yes, please describe.

6. What percentage of work is public? %

What percentage of work is private? %

How do you confirm financing on private work?

7. What percentage of your work is usually subcontracted to others? %
 - a) Types of work usually subcontracted?

 - b) What type / trades of work is self-performed? (If more than one type / trade, identify all and corresponding present annual sales each).

8. Number of crews?

9. Is your operation: Union ☐ or Merit Shop ☐ ? If Union, provide union affiliations and contract expiration dates.

10. Do you have in-house Engineering and / or Fabrication capacity? Yes ☐ No ☐
Fabrication Floor Area:

11. Have you or any related company purchased any equipment or other assets of any kind since your last fiscal year end? Yes ☐ No ☐
If yes, please provide details in additional information section.

12. Do you currently have adequate plant and equipment to support your anticipated volume? Yes ☐ No ☐
If no, what is needed? How will costs be financed?

13. Are any major equipment items leased? Yes ☐ No ☐
If yes, please provide schedule of equipment, lessor and terms including options to purchase.

14. Do you have a full-time safety representative? Yes ☐ No ☐
If yes, how many?

Corporate:

Field:

15. Do you have a formal written Safety Manual / Program? Yes ☐ No ☐

16. Do you require your subcontractors to have a formal written Safety Manual / Program? Yes ☐ No ☐

17. Do you have a full time QA / QC representative? Yes ☐ No ☐
If yes, how many?

Corporate:

Field:

18. Do you have a formal written Quality Control Manual / Program? Yes ☐ No ☐

Accounting

1. What is the name of your accounting firm?

Accounting firm type: CPA ☐ PA ☐ Other (Describe) ☐

2. How many years has this firm prepared your financial statements?

3. Fiscal year end is _____ (for taxes).

Accounting Basis	% of Completion	Completed Contracts	Accrual Cash
For Financial Reporting	%		\$
For Tax Purposes	%		\$

5. Financial Statements are: Audit Review Compilation In-House

Fiscal

Interim

6. How frequently do you prepare? Semiannually Quarterly Monthly Interim Statements

Spread Sheets (job progress reports)

7. Does your office staff include a full-time accountant / bookkeeper? Yes ☐ No ☐
What are his / her qualifications and experience?

8. Frequency which your company does the following: Weekly Monthly Other (Describe)

Internal cost accounting records to provide status reports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Updating costs to complete:			
Labor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Material	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			
Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>			

References

1. Banking Relations

Name of Facility	Endorsement by:	Line of Credit*	Expiration	Nature of Personal	Available?	Date	Security

a) Address Open ☐ Secured ☐

b) Address Open ☐ Secured ☐

*Please furnish bank letter setting forth lines of credit and name of loan officer to contact.

2. Surety Relations

Names of present surety:

How long with present surety:

Conditions imposed and / or restrictions:

Are there any disputes with owners, general contractors, subcontractors or supplier on any bonded job? Yes ☐ No ☐
If yes, please explain fully in Additional Information Section.

Have you ever had a bond request denied or granted with conditions you considered unacceptable, or had your bond credit terminated? Yes ☐ No ☐
If yes, please explain.

List names of other sureties with whom you have dealt during the past five years and the reasons for change.

3. List five major suppliers

Name	Address	Telephone No.

4. List five general contractors with whom you have worked in the last three years.

Name	Address	Telephone No.

5. List three architects or engineers who have supervised your work during the last three years.

Name	Address	Telephone No.

6. Attorney

Name	Address	Telephone No.

7. For your Scope of Work, can you provide a Letter of Credit for 25% of the estimated Subcontract Value? Yes ☐ No ☐

Insurance

List of insurance coverage in force.

Coverage	Yes	No	Limits / Expiration Date	Insurance Company
Company	<input type="checkbox"/>	<input type="checkbox"/>		
Property	<input type="checkbox"/>	<input type="checkbox"/>		
Equipment	<input type="checkbox"/>	<input type="checkbox"/>		
Builder's Risk	<input type="checkbox"/>	<input type="checkbox"/>		
Completed Operations	<input type="checkbox"/>	<input type="checkbox"/>		
Liability / GCL	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a MOLD exclusion under the liability CGL policy?	<input type="checkbox"/>	<input type="checkbox"/>		
If yes, do you have MOLD coverage in another capacity?	<input type="checkbox"/>	<input type="checkbox"/>		
Umbrella	<input type="checkbox"/>	<input type="checkbox"/>		
Fidelity & Deposit	<input type="checkbox"/>	<input type="checkbox"/>		

1. Please list your firm's workers' compensation interstate experience modification rate for the **most recent three years** (If available, please attach a copy of your insurance agent's verification letter).

Year	Experience Modification Rating
<hr/>	
Year	Experience Modification Rating
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Year	Experience Modification Rating
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2. Has your firm had any OSHA fines or jobsite fatalities **within the last three years**? Yes ☐ No ☐
If yes, list.

3. If you answered yes to the question above, please describe in detail in Additional Information Section.

4. Please provide lost time / no-lost time Recordable Incidents for the **most recent three years**.

5. Please attach copies of your OSHA No. 200 Log(s) for the **most recent three years**.

6. Does your company have an alcohol / drug free workplace policy, including pre-employment / random drug testing? Yes ☐ No ☐
If yes, who is it administered by?

7. Does your firm conduct project safety meetings? Yes ☐ No ☐
If yes, how often?

8. Does your firm conduct site safety inspections? Yes ☐ No ☐
If yes, how often?

9. Any EPA (federal or state) violations **within the last three years**? Yes ☐ No ☐
If yes, please describe.

Miscellaneous

1. Do you have any accounts receivable or retainage which are overdue or doubtful? Yes (describe) ☐ No ☐

2. Do you have any claim or change orders outstanding which have not been approved? Yes (describe) ☐ No ☐

3. Is your company or its principals acting as Guarantor, Indemnitor or Surety for others, or as endorser on their notes or accounts? Yes (describe) ☐ No ☐

4. Are there any liens for labor or materials filed against your company, its officers or any company associated with them? Yes (describe) ☐ No ☐

5. Are there any judgments, suits or claims outstanding against your company, its officers or any company associated with them? Yes (describe) ☐ No ☐

6. Has your firm or any other organization with which your officers or owners were involved **during the past three years**, ever failed to complete any work awarded or been terminated for cause? Yes (describe) ☐ No ☐

7. Are there any judgments, claims, arbitration proceedings or suits pending / outstanding against your firm or its officers or principals? Yes (describe) ☐ No ☐

8. Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts **within the last three years**? Yes (describe) ☐ No ☐

9. Has your firm or any other organization with which your officers or owners were involved **during the past three years**, ever been in bankruptcy or a voluntary or involuntary reorganization? Yes (describe) ☐ No ☐

10. Has your surety ever finished one of your construction projects? Yes (describe) ☐ No ☐

(If you have answered yes to any of the above questions, please provide a full explanation in the Additional Information Section)

Capacity

1. What size and type projects do you feel your company is best qualified to handle?

a) Type

Type

Type

b) Amount

Amount

Amount

2. What total program do you feel your current organization is qualified to undertake? (Dollar amount and number of projects)

3. Anticipated annual volume:

Current Year

3 Years From Now

Previous 3 Years

The following should be attached

1. Last five fiscal year-end Certified Financial Statements and any recent interim statements of applicant and all related companies, whether active or not.
2. Personal financial statements of all shareholders, partners or proprietor.
3. Current uncompleted and completed work schedule and uncompleted or completed work schedule as of latest fiscal year end if these schedules are not included with the above statements.
4. Letter from subcontractor's bank denoting credit line availability and covenants.

Additional information section

We want to be in a position to give you the best possible subcontractor opportunity, and therefore would appreciate any additional information which you feel will assist us in gaining a complete understanding of your company.

The undersigned company officer does hereby certify and confirm that the information presented herein is complete and factually correct.

Submitted by: (required to be an officer of the company)

Name: _____

Title: _____

Signature: _____

Date: _____