



## SUBCONTRACTOR QUALIFICATION FORM

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Company Name: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ President: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

\_\_\_\_\_ Federal Tax ID Number: \_\_\_\_\_

Remittance Address: \_\_\_\_\_ In Compliance with EEO Requirements?: Y N

\_\_\_\_\_

Years Performing Work Specialty: \_\_\_\_\_ Former Company Name: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ Work in Place Last Year: \$ \_\_\_\_\_

Address of Bank: \_\_\_\_\_ Average Annual Sales Last 3 Years: \$ \_\_\_\_\_

\_\_\_\_\_ Value of Capital Equipment Owned: \$ \_\_\_\_\_

Bank Contact: \_\_\_\_\_ Work Now Under Contract: \$ \_\_\_\_\_

Bank Telephone Number: \_\_\_\_\_ In-House Engineering or Fabrication Capacity?: Y N

Number of Employees: \_\_\_\_\_ % of Work Completed by Own Forces: \_\_\_\_\_

Work Normally Subcontracted: \_\_\_\_\_

\_\_\_\_\_

Has your Company ever been involved in bankruptcy or re-organization? If so, please explain: \_\_\_\_\_

\_\_\_\_\_

Has your Company ever failed to complete a contract? If so, please explain: \_\_\_\_\_

\_\_\_\_\_



5858 Westheimer, Suite 150  
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Are there are claims against your Company? If so, please explain: \_\_\_\_\_

Are there any pending judgments against your Company? If so, please explain: \_\_\_\_\_

**INSURANCE:**  
*Sample Certificate of Insurance showing coverage and limits for General Liability, Automobile Liability, Excess Umbrella Liability, and Worker's Compensation must be submitted with this completed form.*

**EXPERIENCE MODIFICATION RATING:** \_\_\_\_\_

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## SAFETY:

Does your Company have a written Safety Program? Y N

In the previous three years has your Company been cited for any serious OSHA violations? If so, please explain:

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

OSHA Recordable Incident Rate for:              2017 \_\_\_\_\_      2018 \_\_\_\_\_      2019 \_\_\_\_\_

Does your Company have a Drug Testing Program? Y N

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## COMPLETED PROJECTS:

Submit with this completed Form a list of your Company's projects completed within the last five (5) years.

Include project name and location, names and contact information for the Owner and Architect, contract amount, scheduled completion date, and actual completion date.

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## CURRENT PROJECTS:

Submit with this completed Form a list of your Company's projects currently in progress.

Include project name and location, names and contact information for the Owner and Architect, contract amount, and scheduled completion date.



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REFERENCES: Please provide six (6) vendor references.

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

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone: \_\_\_\_\_ Telephone: \_\_\_\_\_

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### FINANCIAL STATEMENT:

Attach a financial statement, preferably audited, including your organization's latest balance sheet and income statement showing current assets, net fixed assets, current liabilities, and other liabilities.

Name of Firm Preparing Statement: \_\_\_\_\_

Address of Firm Preparing Statement: \_\_\_\_\_

Date Thereof: \_\_\_\_\_

If the attached financial statement is not for the identical organization named on page one, please explain:

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

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Company Type (Please circle one)

- Corporation
- Partnership
- Sole Proprietorship
- Other \_\_\_\_\_



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## SUBCONTRACTOR QUALIFICATION FORM

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This Form must be signed by an Officer of the Company or an individual authorized by an Officer of the Company.

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Signature

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Typed Name

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Title

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Date