



SUBCONTRACTOR QUALIFICATION FORM

RETURN FORM TO: phundley@waverlyconstruction.com

GENERAL INFORMATION

Firm Name: _____ Date: _____
 Address: _____ President: _____
 Federal ID#: _____ Contact Person: _____
 Contact Email Address: _____
 Telephone #: _____
 Fax #: _____

Former Company Name (if applicable): _____

Bank Reference: _____ Years performing Work Specialty: _____
 Address: _____ Work in Place Last Year: _____
 Average Annual Sales (Last 3 years): _____
 Value of Capital Equipment Owned: _____

Bonding Company: _____ Bonding Agent: _____
 Address: _____ Bonding Agents Telephone #: _____

Total Bonding Capacity: _____ Work Currently Bonded: _____ Bonding Company Best Rating: _____

Union: Yes No Locals: _____ Merit Shop: Yes No

- Is Firm a Subsidiary of another firm? Yes No
- Is Firm in compliance with all EEO requirements? Yes No
- Has Firm ever failed to complete a contract? Yes No
- Has Firm ever been involved in bankruptcy or re-organization? Yes No
- Are there any claims against your Firm? Yes No
- Are there any pending judgments against your firm? Yes No

IF ANSWER IS YES TO ANY OF THE ABOVE, PLEASE EXPLAIN ON A SEPARATE SHEET

Waverly Construction & Management Company

1515 Sulphur Spring Road | Baltimore, MD 21227 | (o) 410.536.2010 | www.waverlyconstruction.com

Describe Organization:

Office Staff Size: _____

Field Staff Size: _____

Total Number of Employees: _____

Is your firm a:

Certified Minority Business Enterprise? Yes No

Certified Women Owned Business? Yes No

Certified Small business Enterprise? Yes No

List all Subcontracting interests: (i.e., carpentry, drywall, paint, plumbing, sprinkler, HVAC, etc.)

- 1) _____
- 2) _____
- 3) _____
- 4) _____
- 5) _____
- 6) _____

INSURANCE: {"CLAIMS-MADE" General Liability is unacceptable)

Submit herewith, a sample Certificate of Insurance showing coverage and limits for General Liability, Automobile Liability, Excess Umbrella Liability and Worker's Compensation.

Experience Modification Rating: _____ Agency's Name: _____

Contact's Name: _____

Contact's Telephone #: _____

SAFETY:

- 1) Does your Firm have a written Safety Program? Yes No
- 2) Do you have an Orientation Program for new hires? Yes No
- 3) In the previous three (3) years, has your Firm been cited for any serious (as defined by OSHA) violation? Yes No

If you answered **YES** to Item 3 above, please explain (use a separate sheet if necessary):

Attach Log and Summary of Occupational Injuries and Illnesses as required by the U.S. Dept. of Labor for the past 12 months (OSHA Form No. 200)

OSHA Recordable Incident Rate (Current Year): _____

OSHA Lost Days Away Incident Rate (Current Year): _____

Does your Firm have a Drug Testing Program? Yes No

REPRESENTATIVE PROJECTS:

List four (4) significant projects **completed** within the last year:

<i>Project & Location</i>	<i>Architect</i>	<i>Contract With</i>	<i>Contract Amount</i>	<i>Date Completed</i>	<i>Reference Contact & Telephone Number</i>
1)					
2)					
3)					
4)					

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY

List two (2) or more significant projects **presently under construction:**

<i>Project & Location</i>	<i>Architect</i>	<i>Contract With</i>	<i>Contract Amount</i>	<i>Date Completed</i>	<i>Reference Contact & Telephone Number</i>
1)					
2)					
3)					
4)					

PLEASE ATTACH ADDITIONAL SHEET IF NECESSARY

This form **MUST** be signed by an Officer of the Firm or an individual so authorized by an Officer of the Firm.

Signature: _____
 Printed Name: _____
 Printed Title: _____
 Date: _____

Type of Firm:
 Corporation: Yes No
 Partnership: Yes No
 Sole Proprietorship: Yes No
 Limited Liability Company: Yes No

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