



SUBCONTRACTOR QUALIFICATION FORM

IT IS OUR POLICY, BEFORE WE USE QUOTES OR SIGN SUBCONTRACTS, TO ASK SUBCONTRACTORS TO SUBMIT THIS QUALIFICATION FORM. THIS ENABLES US TO CATEGORIZE SUBCONTRACTORS WITHIN THEIR TRADE BY TYPES AND SIZES OF CONTRACTS THEY CAN HANDLE.

PLEASE SUBMIT BY FAX TO 973-992-5215, OR EMAIL TO DIANE@EASTMANCOMPANIES.COM

PLEASE COMPLETE THE FORM AND SUBMIT THE FOLLOWING ATTACHMENTS WITH IT: (IF AVAILABLE)

LICENSES (COPIES OF YOUR CURRENT LICENSE OR CERTIFICATION, IF YOU ARE AN ELECTRICIAN, PLUMBER, ASBESTOS HANDLER, OR IN ANY OTHER TRADE THAT REQUIRES A LICENSE OR CERTIFICATION TO PERFORM WORK)

SUBCONTRACTOR IDENTITY

AREA OF EXPERTISE _____

COMPANY NAME _____

ADDRESS _____

PHONE # _____ FAX # _____

E-MAIL ADDRESS _____ TAX ID OR SS# _____

CONTACT PERSON _____

TYPE OF COMPANY: SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP LLC

DATE FORMED _____

IS YOUR COMPANY OWNED OR AFFILIATED WITH ANY OTHER FIRM YES NO
IF YES, GIVE NAME(S) _____

STATES IN WHICH THE COMPANY IS LEGALLY QUALIFIED TO DO BUSINESS _____

TOTAL NUMBER OF EMPLOYEES _____

| CONSTRUCTION EXPERIENCE OF KEY PERSONNEL | NAME | POSITION | LENGTH EMPLOYED | YEARS OF CONSTRUCTION EXPERIENCE |
|--|------|----------|-----------------|----------------------------------|
| | | | | |
| | | | | |

HAS THIS COMPANY OPERATED UNDER ANY OTHER NAME IN THE PAST 5 YEARS YES NO
IF YES, GIVE NAME(S) _____

DOES THE COMPANY HAVE OFFICES, PLANTS, OR WAREHOUSES AT OTHER LOCATIONS YES NO
IF YES, LIST ADDRESSES _____

ANNUAL VOLUME OF WORK _____

TOTAL VALUE OF CURRENT WORK ON HAND _____

UNION AFFILIATION YES NO BOTH

MBE/WBE/SBE CERTIFICATION

IS THE COMPANY A CERTIFIED MINORITY BUSINESS ENTERPRISE (MBE), WOMEN BUSINESS ENTERPRISE (WBE), SMALL BUSINESS ENTERPRISE (SBE), OR ANY OTHER TYPE OF CERTIFIED BUSINESS ENTERPRISES ?
YES NO

IF YES, WHICH TYPE ? _____ CERTIFYING AGENCY _____

BANK REFERENCE

DOES THE COMPANY HAVE A LINE OF CREDIT FROM ANY LENDING INSTITUTION ?

YES

NO

IF YES, GIVE DETAILS _____

| AMOUNT OF CREDIT | OUTSTANDING BALANCE | LENDER'S NAME/ADDRESS/CONTACT/PHONE |
|------------------|---------------------|-------------------------------------|
| | | |
| | | |
| | | |

BONDING CAPACITY

DO YOU HAVE BONDING?

YES

NO

IF YES, GIVE DETAILS _____

SINGLE PROJECT LIMIT _____

AGGREGATE LIMIT _____

BONDING COMPANY NAME/ADDRESS _____

BONDING AGENT NAME/ADDRESS/PHONE # _____

INSURANCE

LIABILITY INSURANCE

Carrier Name _____

Limits _____

WORKMAN'S COMP. INSURANCE

Carrier Name _____

Limits _____

UMBRELLA INSURANCE

Carrier Name _____

Limits _____

AUTO INSURANCE

Carrier Name _____

Limits _____

COMPLETED PROJECTS (REPRESENTS PROJECTS COMPLETED IN THE PAST 5 YEARS)

NAME OF PROJECT

SCOPE OF WORK

CONTRACT AMOUNT

COMPLETION DATE

| | | | |
|--|--|--|--|
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| | | | |
| | | | |

CURRENT PROJECTS (SUMMARIZE CURRENT PROJECTS)

NAME OF PROJECT

SCOPE OF WORK

CONTRACT AMOUNT

SCHEDULED COMPLETION

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|--|--|--|--|
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TRADE REFERENCES (LIST 3 OF YOUR SUBCONTRACTORS OR SUPPLIERS)

NAME

ADDRESS

Phone & FAX#

CONTACT NAME

| | | | |
|--|--|--|--|
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| | | | |
| | | | |

CLIENT REFERENCES (LIST 3 CLIENTS)

NAME

ADDRESS

PHONE & FAX#

CONTACT NAME

OTHER INFORMATION

1. Has your company or any of its key people been a party to a bankruptcy or reorganization proceeding? YES NO
If yes, give date? _____

2. During the past five years, have any liens been filed on you by any of your subcontractors or suppliers? YES NO
If yes, give details for any liens. _____

3. In the past five years, have you had liquidated damages assessed against you upon completion of a project?
YES NO
If yes, give details. _____

4. In the past five years, has your company or any of its key people been involved in any lawsuits arising from construction projects? YES NO
If yes, give details. _____

In the past five years, has your company or any of its key people been investigated for or found to have committed a violation of any labor laws? YES NO
If yes, give details. _____

In the past five years, has your company or any of its key people been investigated for or found to have committed a OSHA violation? YES NO
If yes, give details. _____

Is there any other information you would like to give us? _____