

# Contractor Qualification Form

**COMPANY NAME:**

**ADDRESS:**

**CITY:**  
 **ST:**   **ZIP:**

**PHONE:**

**CONTACT NAME:**

**TITLE:**

**PHONE:**

**EMAIL:**

## Business Information

Sub-Contractor       Sole Proprietor  
 Manufacturer       Partnership  
 Supplier       Corporation  
 Consultant       LLC / LLP

**YEARS IN BUSINESS:**

**FEDERAL TAX ID:**

## Parent or Subsidiary Information

**PARENT COMPANY NAME:**

**ADDRESS:**

**CITY:**  
 **ST:**   **ZIP:**

**PHONE:**

**SUBSIDIARY COMPANY NAME:**

**ADDRESS:**

**CITY:**  
 **ST:**   **ZIP:**

**PHONE:**

- Have any of the above companies ever done business with SOS Retail Services?  Yes  No
- Has your company ever failed to complete work or been terminated for cause?  Yes  No
- Any judgements, claims, arbitrations, suits or liens currently against your company?  Yes  No
- Does your company have any bankruptcies or reorganizations?  Yes  No

**Labor Affiliation:**  Union  Merit Shop

**NATIONAL AGREEMENTS:**

**CERTIFICATIONS:**

MBE  WBE  DBE  SBE  VOSB

**Certifying Agency:**

**CITY:**

**STATE:**

**FEDERAL:**

Does your company have a written Safety Program?  
 Yes  No

Does your company have a Safety Director?  
 Yes  No

Are all employees trained in safety requirements?  
 Yes  No

Has your Workers Comp Insurance ever been dropped?  
 Yes  No

Have you had any OSHA fines in the past 3 years?  
 Yes  No

**Insurance Information**

**Do you carry, or can obtain the following coverages?**

Worker's Comp Statutory Max at Project Site?  
 Yes  No

Employee Liability \$500,000 Minimum?  
 Yes  No

General Liability \$1,000,000 Minimum?  
 Yes  No

**INSURANCE COMPANY:**

**AGENT NAME:**

**ADDRESS:**

**CITY:**

**ST:**   **ZIP:**

**PHONE:**

**Bonding Information**

**BONDNG COMPANY**

**TOTAL CAPACITY \$**

**CURRENT CAPACITY \$**

**CONTACT NAME**

**PHONE**

List the scopes of work your company typically performs.

1.	<input type="text"/>	SELF %	<input type="text"/>	SUB %	<input type="text"/>
2.	<input type="text"/>	SELF %	<input type="text"/>	SUB %	<input type="text"/>
3.	<input type="text"/>	SELF %	<input type="text"/>	SUB %	<input type="text"/>

What is your ideal project size?      MINIMUM \$       MAXIMUM \$

### Revenue / Volume

<u>Year</u>	<u>Annual Revenue</u>	<u>Max. Contract Completed</u>
2011	<input type="text"/>	<input type="text"/>
2010	<input type="text"/>	<input type="text"/>
2009	<input type="text"/>	<input type="text"/>

CURRENT YEAR COMPANY WORKLOAD \$

### Bank / Credit References

**FINANCIAL INSTITUTION #1:**

**CONTACT:**

 

**PHONE:**

**FINANCIAL INSTITUTION #2:**

**CONTACT:**

 

**PHONE:**

### Trade References

**REFERENCE #1:**

**CONTACT:**

 

**PHONE:**

**REFERENCE #2:**

**CONTACT:**

 

**PHONE:**

**REFERENCE #3:**

**CONTACT:**

 

**PHONE:**

**REFERENCE #4:**

**CONTACT:**

 

**PHONE:**

- Division 1 - General Requirements
- Division 2 - Site Construction
- Division 3 - Concrete
- Division 4 - Masonry
- Division 5 - Metals
- Division 6 - Wood and Plastics
- Division 7 - Thermal and Moisture Protection
- Division 8 - Doors and Windows
- Division 9 - Finishes
  - 09050 - Basic Finish Materials and Method
  - 09100 - Metal Support Assemblies
  - 09200 - Plaster and Gypsum Board
  - 09300 - Tile
  - 09400 - Terrazzo
  - 09500 - Ceiling
  - 09600 - Flooring
  - 09700 - Wall Finishes
  - 09800 - Acoustical Treatment
  - 09900 - Paints and Coating
- Division 10 - Specialties
- Division 11 - Equipment
- Division 12 - Furnishings
- Division 13 - Special Construction
- Division 14 - Conveying Systems
- Division 15 - Mechanical
- Division 16 - Electrical