

SUB-CONTRACTOR INFORMATION FORM

1. Company Contact Information

Date: _____

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Office Number: _____ Fax Number: _____

Cell Number: _____ Email: _____

Primary Contact Person: _____

State Sales Tax Registration Number: _____

State Tax ID Number: _____

Federal Tax ID Number: _____

2. Is your firm a signatory to local labor agreements? Yes: _____ No: _____

If yes, list: _____

Does your company employ your own installers or do you use 3rd party installers? Yes: _____ No: _____

If yes, how many? _____

3. Structure of company (please check one and answer questions accordingly).

LLC: _____ PARTNERSHIP: _____ C Corp: _____ S Corp: _____

Date of organization: _____

Name and address of Principals (specify if general or limited partnership).

CORPORATION: _____

Date of Incorporation: _____ State of incorporation: _____

President's name: _____

Vice-president's name: _____

4. How many years has your company been in business? Years: _____

5. How many years has your company been in business under its present business name? Years: _____

6. Has your company operated under any other names?: Yes _____ No _____

Name: _____ Years: _____

Name: _____ Years: _____

Name: _____ Years: _____

7. Have you ever defaulted on a contract awarded to you? Yes _____ No _____

If yes, provide details:

8. Have you had any disputes/litigation with any other Contractor/ Owners in the past 10 years?

Yes _____ No _____

If yes, provide details: _____

9. What is your current contract backlog value? \$ _____

10. Last 3 years of revenue:

Year: _____ Amount \$ _____

Year: _____ Amount \$ _____

Year: _____ Amount \$ _____

11. Insurance Company Information:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Agent Name: _____

12. Banking:

Bank Name: _____

Contact: _____ Phone (direct): _____

Address: _____

City: _____ State: _____ Zip Code: _____

Please provide a letter from your bank indicating your current bank balances and lines of credit are adequate to finance the size of contract that you are requesting: Without this, we reserve the right to disqualify your firm.

13. Bonding Company Information

Name (Surety issuing bond): _____

What is your bond rate: _____

What is your cost of a performance and payment bond for this project: _____

Bonding Capacity

Single Job: _____ Aggregate: _____

Agent: _____ Phone (Direct): _____

Address: _____

City: _____ State: _____ Zip Code: _____

14. Safety and Loss Control Data

List your firm's experience rate (EMR) for the past three years as well as the current year.

Year	EMR rate	State of:
Present Year	_____	_____
Past Year 1	_____	_____
Past Year 2	_____	_____
Past Year 2	_____	_____

15. Has your company had any OSHA citations in the past five years? Yes _____ No _____

Citation: _____ Date: _____

Citation: _____ Date: _____

Citation: _____ Date: _____

16. List Subcontractors or Material Suppliers you will use on this project.

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Contact: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Contact: _____

17. Self-Perform: Describe the scope of work that you intend to self-perform on this project:.

18. Is Your Company a Certified:

Minority Business Enterprise: Yes _____ No: _____ Certified by: _____

Small Business Enterprise: Yes _____ No: _____ Certified by: _____

Women Business Enterprise: Yes _____ No: _____ Certified by: _____

Service Disabled Veterans: Yes _____ No: _____ Certified by: _____

19. Past Project Experience

List projects that are similar in scope to this project completed within the last five years.

20. Customer Experience

List any projects completed for this client.

21. Reference Letters

Provide reference letters from the clients associated with this experience. Please attach to this pre-qualification.

22. Schedule

Time is of the essence. Do you represent that you have the quality and quantity of crafts people to maintain the schedule presented by the RFQ and as detailed by Benson-Orth General Contractors?

Yes: _____ No: _____

23. Payment Terms

Progress billing payments to your company will be processed on a pay if paid and pay when paid basis with retention held. Do you represent that you have adequate financial resources to finance your portion of the project until payment can be processed? (Normally 30-45 days)

Yes: _____ No: _____

24. Mixed Trades

This project will have both union and non-union trades working. Your subcontract will have a provision in it that requires you to work harmoniously without strikes or disputes of any kind. Do you represent that you will work to prevent any and all disputes or work stoppages. Yes: _____ No: _____

Please have this form signed by an authorized office of the company: Thank you for completing this form.

Signature: _____

Signed by: _____

Date: _____

Please email or mail completed form c/o Mike Monson

mikem@benson-orth.com

Benson-Orth General Contractors

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Please double check to make sure all fields are filled and required files included before submitting.