



Checklist for Subcontractor Qualification Application

Company Information

Company Name, Mailing Address(es), and Contact Information:

Federal ID & Duns Number (if applicable):

Business Type, Year Founded, and State of Incorporation (if applicable):

Officers of the company and length of service:

Trades your company performs:

Business Classification – Certifying Agency, Certification Number, Expiration Date:

Licenses

State licensed in, trades performed, license number (if applicable):

Work Experience

How many people does your firm presently employ?

Note: **Yes** answers to the following questions require an explanation:

- Has your surety ever finished one or more of your construction projects?
- Has your Company ever petitioned for bankruptcy, failed in a business endeavor, defaulted or been terminated on a contract?
- Has your Company ever been disbarred or precluded from bidding public work?
- Has any entity ever made a claim in a court of law, against your Company for defective improper or nonconforming work, or for failing to comply with warranty obligations?

- Are there any outstanding Judgments or Claims against your Company?
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- Has any entity made a claim in a court of law, against your Company for failing to make payments to that or any other entity?

Number of contracts completed in the last five years:

Largest Contract Company has complete – Name of project, Amount, Scope of Work:

Largest Contract you expect to complete this year – Name of project, Amount, Scope of Work:

Financial Info

Revenue & Projects – Previous year and projected for this year:

Backlog – Current & 12 months ago:

Current net worth and networking capitol:

Bank Credit Line – Credit Limit & % in Use:

Bonding Capacity – Aggregate & Per Project:

Profitability of the last five years:

Work Experience

Has your company worked for Widewaters in the past (provide details):

Top five (5) current major projects – Project Name, Location, Owner, Architect/Engineer, Prime Contractor, Contact, Phone, Contract Amount, Completion date:

References – Upon Request

Major Suppliers (3) – Company Name, Contact Name, Contact Phone:

Prime Contractors (3) – Company Name, Contact Name, Contact Phone:

Banking (3) – Company Name, Contact Name, Contact Phone:

Surety (not broker/agent) – Company Name, Contact Name, Contact Phone:

Insurance

Commercial General Liability – Insurance Carrier, Expiration Date, Limits – Each Occurrence, General Aggregate, Products/Complete Ops Agg., Personal/Advertising Injury, Amount of deductible or SIR, Fire Damage/Damage to rented premises, Medical Expenses:

Excess Liability – Insurance Carrier, Expiration Date, Limits – Each Occurrence, General Aggregate:

Worker’s Compensation and Employer’s Liability – Insurance Carrier, Expiration Date, Limits – Each Accident, Disease – Policy, Disease – Each Employee:

Business Auto Liability – Insurance Carrier, Expiration Date, Limits – Combined Single Limit, Property Damage, B.I. Per Person, B.I. Per Accident:

Professional Liability Insurance

Pollution Liability Insurance

Safety

Safety Coordinator – Name, Title, Phone, Qualifications/Experience:

Substance Abuse Screening – Pre Hire, For Cause, Post Accident, Random

Safety Training – Employee initiation, Supervisors, Managers, Tool Box Meetings

Workers Compensation experience modification over the last five years:

OSHA Recordable Incident Rate, OSHA violations, and fatalities over the last five years: