

SUBCONTRACTOR QUALIFICATION FORM

Law Industries, LLC is hereby requesting information indicating your company's financial strength, longevity, safety rating, resumes of key personnel, certifications (DBE, MBE, WBE, etc.), insurance, licensure, geography, scope of work, size and type of project, timeliness, supplier and contractor references. The purpose of this document is to provide such information to enable your company and ours to partner together in future successful projects

Supplemental information and/or literature pursuant to your company is acceptable in addition to this document, ***but not in lieu of.***

As you fill in the requested information, please place emphasis on legibility, completeness, relevance, and clarity of content.

General Company Information

Company Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Fax Number: _____

E-Mail Address: _____

Web Site: _____

Form of Ownership: _____

Please indicate the following Form of Ownership on the line above: sole proprietorship, partnership, corporation, Limited Liability Corporation (LLC), joint venture, or other structure?

How many years has your company been in business? _____

How many field employees do you employ at this time? _____

How many office employees do you employ at this time? _____

Does your company incorporate and enforce non-discriminatory policies? Yes No

Is your organization a registered MBE LSBE AABE DBE WBE FBE or other _____ contractor? **(Circle all applicable)**

Do you use subcontractors or suppliers that are MBE? _____

What type of Construction does your company perform? Commercial Residential Industrial

What is your average size job in terms of dollars, for the last 2 years? _____

What is your company volume in dollars for the past 3 years? _____

What categories/scope of work does your company perform?

If your company customarily subs out any portion of your work describe.

Insurance:

Agency Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Do you carry, or can you obtain the following insurance coverage?

General Liability Insurance: Yes No

\$1,000,000 each occurrence (combined single limit for bodily injury and property damages)

\$1,000,000 for personal and advertising injury liability

\$1,000,000 aggregate on products and completed operations

\$2,000,000 general aggregate

Law Industries, LLC to be listed as Additional Insured with a

Waiver of Subrogation, a 30-Day notice of cancellation and Primary Non-Contributory language.

Worker's Compensation (Statutory) and Employer's Liability: Yes No

\$1,000,000 each accident for bodily injury by accident

\$1,000,000 each employee for bodily injury by disease

\$1,000,000 policy limit for bodily injury by disease

Law Industries, LLC to have a Waiver of Subrogation with a 30-day notice of cancellation.

Alternative Employer Endorsement on the applicable Workers' Compensation insurance policy to extend coverage to Contractor.

Automobile Liability Insurance: Yes No

\$1,000,000 Combined single limit each accident for bodily injury and property damage. Include coverage on all owned, hired and nonowned automobiles

Law Industries, LLC to be added as Additional Insured with a Waiver of Subrogation and a 30-day notice of cancellation.

Law Industries, LLC is to be listed as the certificate holder.

Safety:

What is your company's current MOD Rate? _____

List your safety performance for the past three years

	YEAR	_____	_____	_____
OSHA Recordable Incident Rate		_____	_____	_____
Experience Modification Rate (EMR)		_____	_____	_____
Number of Lost Workdays		_____	_____	_____
Number of Recordable Injury Cases		_____	_____	_____
Total Employee Hours Worked		_____	_____	_____
Number of Fatalities		_____	_____	_____

Does your company have a written Safety Program? Yes No

Do you have a Company Safety Director or other Safety Professional on staff? Yes No

Are all employees trained in safety requirements? Yes No

Has your company ever had its Workers Compensation Insurance Dropped? Yes No

If yes, provide reason _____

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

If yes, provide details and circumstances for each incident _____

Quality:

Do you have a Quality Control Program? Yes No

Do you have a Design/Build capability? Yes No

E-VERIFY: What is your company's Federal Work Authorization User Identification No.:

No. _____ Date of Authorization: _____

BONDING: Is your company able to provide Payment and Performance Bonds? Yes No

BONDING: 100% Payment and Performance Bonds may be requested and / or required. In the event said bonds are requested, company must have sufficient bonding capacity for anticipated total cost of work. If your company is capable of providing bonds, please complete the section below information.

Please list your current Bonding Agency information:

Agency Name: _____

Main Contact: _____

Phone Number: _____

Single job Bonding Limit in dollars: _____

Bonding Rate: _____

Financial:

A listing of your company's financial and banking references including the following information:

Agency Name: _____

Address: _____

Main Contact: _____

Phone Number: _____

Past Work History Information:

What is your desired project size? Max _____ Min _____

List at least 3 General Contractors with whom you have done business with in the past 3 years.

General Contractors Name: _____

Phone Number: _____

General Contractors Contact: _____

Project name: _____

Date of Work Performed: _____

Amount of Subcontract: _____

General Contractors Name: _____

Phone Number: _____

General Contractors Contact: _____

Project name: _____
Date of Work Performed: _____
Amount of Subcontract: _____

General Contractors Name: _____
Phone Number: _____
General Contractors Contact: _____
Project name: _____
Date of Work Performed: _____
Amount of Subcontract: _____

List at least 3 Trade References including the following information:

Name: _____
Address: _____
Contact: _____
Phone Number: _____

Name: _____
Address: _____
Contact: _____
Phone Number: _____

Name: _____
Address: _____
Contact: _____
Phone Number: _____

List your company's experience on 3 projects of similar size, function, and complexity including the following information:

Project Name: _____
Services Performed: _____
General Contractor's Company Name: _____
General Contractor's Phone Number: _____
Contact Person: _____
Subcontract Value: _____
Completion Date: _____

Project Name: _____
Services Performed: _____
General Contractor's Company Name: _____
General Contractor's Phone Number: _____
Contact Person: _____
Subcontract Value: _____
Completion Date: _____

Project Name: _____
Services Performed: _____
General Contractor's Company Name: _____
General Contractor's Phone Number: _____
Contact Person: _____
Subcontract Value: _____
Completion Date: _____

A listing of current Projects for which your company is a Candidate for Contract Award including the following information:

Project Name: _____
Project Size: _____
Project Schedule: _____

Any information that may serve to differentiate your company from other companies in suitability for the project. Suitability may include but is not limited to; the company's size / fit to the project, and/or needs of *Law Industries, LLC*, any special or unique qualifications for the project, and any techniques or methodologies offered by your company that may be particularly suitable for this project type.

Please answer the following:

1. Has your company ever failed to complete a subcontract as assigned? Yes No
2. Has your company ever been removed from a subcontract as assigned? Yes No
3. Has your company had any subcontractors fail to complete a subcontract in the past 5 years?
Yes No
4. Has your company been involved in any litigation in the past five (5) years, including but not limited to any active or pending litigations? Yes No

(If answer to any of the above questions is yes, please provide explanation)

I hereby acknowledge all information provided on this document as provided throughout is true and complete to the best of my knowledge and therefore, understand that my company will be evaluated based on that information.

Law Industries, LLC reserves the right to deem my company qualified or disqualified as a bidder for this project based on the information provided as a result of this document.

Signature _____

Print Name _____

Title: _____

Date: _____

**Law Industries, LLC reserves the right to request Audited Financials which is defined as a Balance Sheet, an Income Statement, an Auditor's Report, and Footnotes.*