



n. Parent Company Name (if applicable):

o. Year Founded:

p. Non-Union:  Union:  Name of Union:

q. Does your firm perform Prevailing Wage work? Yes  No

If so, is your firm well versed in:

Certified Payroll? Yes  No   
LCPtracker? Yes  No

r. Average number of employees Office: Field:

**s. If a Corporation, answer the following:**

Date of Incorporation: State of Incorporation:

President's Name: Vice President's Name:

Secretary's Name: Treasurer's Name:

**t. If an individual or a partnership answer the following:**

Date of organization:

Name and address of all partners (state whether general or limited partnership):

u. If other than a corporation or partnership, describe organization and name principal:

v. Has your firm gone through an ownership change in the last 12 months? Yes  No   
If yes, please explain:

w. Primary points of contact within your organization:

Department	E-mail	Name	Phone #	Fax#
Estimating	_____	_____	_____	_____
Accounting	_____	_____	_____	_____
Warranty	_____	_____	_____	_____
Safety	_____	_____	_____	_____

**II. SAFETY INFORMATION**

a. Provide your worker’s compensation experience modification factors for the last 3 years:

Current Last year Two years ago

b. In the last 5 years, has your company been cited by OSHA for a “serious” or “willful” violation?

Yes  No  If yes, please explain:

c. Provide a copy of your current OSHA 300 log as an *attachment* to this form.

**III. FINANCIAL INFORMATION**

a. Dun & Bradstreet Number:

b. Historical financial information (past three years)

Year Ending	Revenue	Ending Backlog
_____	_____	_____
_____	_____	_____
_____	_____	_____

c. Current year projections:

Revenue (\$)	_____
Current Backlog (\$)	_____
Current Number of Projects in Progress	_____
Average Contract Size	_____
Largest Contract in past 36 months	_____
Number of LEED Projects Completed	_____

d. Name of Primary Bank:

e. Bank Line of Credit:

f. Are any assets pledged or collateralized? Yes  No  If so, how much?

g. Auditor/Outside Accountant’s Name (firm name):

h. Describe all lawsuits and judgements against your company in the last 2 years:

i. Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with? Yes  No  If yes, please explain:

j. Provide as an *attachment* to this form, a list of at least three different bank references.

**IV. SURETY AND BONDING**

a. Surety Company (indicate if none):

b. Surety broker/agent Name:

c. Surety broker/agent Phone #:

d. Bonding Capacity: Per Job: Aggregate:

e. Bond Rate (per thousand):

f. **Please provide as an *attachment*, a letter from your surety confirming your capacity and good standing.**

**V. INSURANCE INFORMATION**

SRM requires the following insurance from its subcontractor:

**MINIMUM LIMITS OF LIABILITY:** Subcontractor will obtain insurance with limits as specified below, or such higher limits if imposed by Owner or by the Prime Contract Documents.

TYPE OF INSURANCE	ALL LIMITS IN THOUSANDS	
Commercial General Liability		
Premises/Operations	General Aggregate (Per Project	\$2,000
Products/Completed Operations	Products Comp/OPS Aggregate	\$2,000
Contractual	Personal & Advertising Injury	\$1,000
Independent Contractors	Each Occurrence/Combined	\$1,000
Broad Form Property Damage	Single Limit (BI/PD)	
Personal Injury		
Explosion/Collapse/Underground (XCU)		
Automobile Liability		
Any Auto or All Owned Autos	Bodily Injury (Per Person)	\$1,000
Hired Autos	Bodily Injury (Per Accident)	\$1,000
Non-Owned Autos	Property Damage	\$1,000
	or Combined Single Limit	\$1,000
Umbrella Liability Per Project Aggregate	All Subcontractors	<b>\$2,000</b>
Worker's Compensation (Coverage A)	Coverage A - Statutory	
Employer's Liability (Coverage B)	Coverage B - \$500 (Each Accident)	
	\$500 (Disease – Policy Limit)	
	\$500 (Disease – Each Employee)	
Errors and Omissions (when any design or professional services of any type is supplied)		
	Per Occurrence/Claim	\$1,000
	Aggregate with 3 Year Tail if Claims Made	\$1,000

a. Do your Company's existing insurance policies meet these requirements? Yes  No   
If no, please explain:

b. Please provide a sample of your insurance certificate as an *attachment* to this form.

**VI. PERFORMANCE INFORMATION**

a. Has an owner or general contractor terminated your contract for cause in the last 5 years?  
Yes  No  If yes, please explain:

b. Has your company failed to complete any construction contracts awarded to you?  
Yes  No  If yes, please note when, where and why:

c. Please provide as an *attachment* to this form, a list of 5 supplier or financial trade references including name, contact name, and phone number.

d. Provide as an *attachment* to this form, a list of major construction projects your organization has completed in the last five years and are currently in progress, giving the name of the project, owner, architect, general contractor, contract amount, city/state, completion date (or scheduled completion date) and percentage of the cost of work performed with your own forces.

**VII. MINORITY INFORMATION**

Please Note: SRM values diversity, equality, and inclusion and strive to work with others that share in the same goals.

a. Please check all that apply:

- |   |  |
|---|--|
| <input type="checkbox"/> MBE (minority business)          | <input type="checkbox"/> WBE (Women's Business)                    |
| <input type="checkbox"/> AABE (African American Business) | <input type="checkbox"/> DBE (Disadvantage Business)               |
| <input type="checkbox"/> ABE (Asian American Business)    | <input type="checkbox"/> SBE (Small Business)                      |
| <input type="checkbox"/> HBE (Hispanic Business)          | <input type="checkbox"/> HUB (Historically Underutilized Business) |
| <input type="checkbox"/> NABE (Native American Business)  | <input type="checkbox"/> None of the above                         |

b. Certification status:

- |   |                                  |
|---|----------------------------------|
| <input type="checkbox"/> Not applicable | <input type="checkbox"/> Public  |
| <input type="checkbox"/> Self           | <input type="checkbox"/> Private |

City:

County:

State:

**VIII. SIGNATURES OF SUBCONTRACTOR**

Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**IX. INTERNAL SRM USE ONLY**

Name: \_\_\_\_\_  
Date: \_\_\_\_\_  
Approve? **Yes**  **No**   
Aggregate Limit: \_\_\_\_\_

**Attachments Included:**

- Current OSHA 300 Log (Per Section II- c)
- Surety Reference Letter (per Section IV-f)
- Sample Insurance Certificate (per Section V-b)
- Supplier or Financial Trade References (per Section VI-c)
- List of Completed and Active Construction Projects (per Section VI-d)
- Form W-9