

## Sub-Contractors Qualifications Form

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\*E-Mail (required for bid invitations): \_\_\_\_\_

Phone & Fax No.: \_\_\_\_\_

Submitted By: \_\_\_\_\_

Location: \_\_\_\_\_

Principal Office: \_\_\_\_\_

CSI Division: \_\_\_\_\_

Type of Work Performed: \_\_\_\_\_

Service Area: \_\_\_\_\_

### Organization

1. How many years has your organization been in business as a Contractor? \_\_\_\_\_
2. How many years has your organization been in business under its present business name? \_\_\_\_\_
3. Under what other or former names has your organization operated? \_\_\_\_\_
4. If your organization is a corporation, answer the following:
  - Date of incorporation: \_\_\_\_\_
  - State of incorporation: \_\_\_\_\_
  - President's name: \_\_\_\_\_
  - Vice-president's name(s) \_\_\_\_\_
  - Secretary's name: \_\_\_\_\_
  - Treasurer's name: \_\_\_\_\_

5. What is the company's business structure?

Please check the following that best describes your firm:

Corporation  Individual  Partnership  Joint Venture  Other

If other, please specify:

\_\_\_\_\_  
\_\_\_\_\_

6. If your organization is a partnership, answer the following:

- Date of organization: 00/00/0000
- Type of partnership (if applicable):

**Tribble & Stephens Construction, Ltd.**

580 Westlake Park Blvd • Suite 1500 • Houston, Texas 77079

telephone: 713.465.8550 • facsimile: 713.973.7107

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7. Name(s) of general partner(s) for the firm: (Please list name and position)

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8. If your organization is individually owned, answer the following:

- Date of organization: \_\_\_\_\_
- Name of owner: \_\_\_\_\_

Note: If your organization is other than the listed above, describe and name the principals:

**Licensing Information:**

1. List jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

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**Experience:**

1. List the categories of work that your organization normally performs with its own forces.

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2. Claims and Suits. (If the answer to any of the questions below is yes, please attach details.)

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3. Has your organization ever failed to complete any work awarded to it? YES or NO

If yes, please describe: \_\_\_\_\_

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4. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? YES or NO

If yes, please describe: \_\_\_\_\_

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5. Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? YES or NO

If yes, please describe: \_\_\_\_\_

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6. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? (If the answer is yes, please attach details.) YES or NO

7. List major Work In Progress: See attached form.

8. State total worth of work in progress and under contract: \$ \_\_\_\_\_

9. State total from previous year or last 12 months of backlog: \$ \_\_\_\_\_

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10. On separate sheet, list the major projects your organization has completed in the past five years include:

Please provide Company Name, Contact Person, Phone and Fax # - See Attached

On separate sheet please list your current Work in Progress – See Attached

11. Using graph, state the average annual amount of construction work performed during the past five years:

2017	2016	2015	2014	2013

12. Please list your proposed team for project include resumes hi-lighting experience of the proposed team:

- Project Manager
- Project Superintendent

**References**

Please provide 6 Vendor References:

Company	Contact Person	Phone and Fax (or email)
1.		
2.		
3.		
4.		
5.		
6.		

Please provide 6 Client/General Contractor References:

Company	Contact Person	Phone and Fax (or email)
1.		
2.		
3.		
4.		
5.		
6.		

**Bank References:**

- Contact Name: \_\_\_\_\_
- Bank Name: \_\_\_\_\_
- Location: \_\_\_\_\_
- Phone: \_\_\_\_\_

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**Surety:**

- Contact Name: \_\_\_\_\_
- Bonding Company: \_\_\_\_\_
- Location: \_\_\_\_\_
- Name of Agent: \_\_\_\_\_
- Phone: \_\_\_\_\_
- What is your single limit bonding capacity: \_\_\_\_\_
- What is your total limit bonding capacity: \_\_\_\_\_
- What is your available bonding capacity: \_\_\_\_\_

**Financial Statement:**

- **Attach a financial statement (very basic), preferably audited, including your organization's latest balance sheet and income statement showing the following items:**
- Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, materials inventory and prepaid expenses);
- Net Fixed Assets;
- Other Assets;
- Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision for income taxes, advances, accrued salaries and accrued payroll taxes);
- Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).
- What is your D & B Rating? \_\_\_\_\_

**Insurance:**

- What are your limits of coverage for WC, GL, Auto, Excess?
- WC \_\_\_\_\_
- GL \_\_\_\_\_
- Auto \_\_\_\_\_
- Excess \_\_\_\_\_
- Please furnish a Liability or a copy of Certificate of Insurance

**Safety:**

- **Please provide a copy of the last three (3) Years EMR and OSHA No. 300 Logs**
- **Please provide QA/QC Manual**

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Dated at this day of, \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Organization:

By:

Title:

**Signature:** \_\_\_\_\_

Remittance:

Please return this form to Laura Lee Collins by e-mail:

[lcollins@tribblestephens.com](mailto:lcollins@tribblestephens.com) or fax 713.973.7107.

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