



SUBCONTRACTOR QUALIFICATIONS FORM

GENERAL INFORMATION

Company Legal Name:

DBA:

Mailing Address:

City, State and Zip:

Shipping Address:

City, State and Zip:

Telephone:

Email Address:

Other Branches or Offices:

Locations and Phone Numbers:

Parent Company:

Address:

City, State and Zip:

Telephone:

Fax:

Email Address:

Website:

ORGANIZATION:

- CORPORATION PARTNERSHIP INDIVIDUAL JOINT VENTURE

Incorporation State:

Incorporation Date:

Length of time in business:

Under Current Name:

Under Other Name:

Federal Identification Number:

License Information:

License Name	License Number	State Issued by

What divisions of work do you perform?

- 01 General Requirements**
- 02 Site Construction**
- 03 Concrete**
- 04 Masonry**
- 05 Metals**
- 06 Wood and Plastics**
- 07 Thermal & Moisture Protection**
- 08 Doors and Windows**
- 09 Finishes**
- 10 Specialties**
- 11 Equipment**
- 12 Furnishings**
- 13 Special Construction**
- 14 Conveying Systems**
- 15 Mechanical**
- 16 Electrical**
- 17 Voice and Data**

What specific CSI Specification Sections do you perform?

Geographic Areas of Operation:

Is your firm a minority certified business?

- Yes**
- No**

Type of certification:

- MBE**
- WBE**
- DBE**
- SBE**

Classification certified by:

States certified by:

Counties certified by:

Cities certified by:

Number of Employees:

Office: **Field:**

Full-Time: **Project Managers:** **Estimators:**

Method of Operation:

UNION **NON-UNION**

CONTACTS

Principals/Officers:

Name	Title

Estimating Contact:

Name:	Phone:	Email:
Safety Contact:		
Name:	Phone:	Email:
Emergency Contact:		
Name:	Phone:	Email:

LEGAL INFORMATION

Has your company failed to complete any contracts/work awarded to you:

Yes **No** **If yes, please explain on a separate page**

Has your company been involved in bankruptcy or reorganization?

Yes **No** **If yes, please explain on a separate page**

BONDING AND INSURANCE

You will need to submit a copy of your standard insurance certificate showing coverage and limits.

Attached

Can your firm meet the requirements (see out insurance requirements):

Yes **No** **If no, please explain:**

Insurance Company:

Insurance Contact:

Telephone:

Is your company bondable?

Yes **No**

Bonding Company:

Bonding Capacity: Total: **Per Job?**

Value of work presently bonded?

Contact Name:

Surety Company:

REFERENCES

Please list three trade references:

Company Name and Contact	Phone	Fax

Please list three general contactors/construction managers for whom your company has worked with in the past two years:

Company Name and Contact	Address	Phone / Fax

SAFETY HISTORY

How many lost days did your company have last year?

Average lost work days over the last three years?

How many medical treatments did your company have last year:

Average number of medical treatments over the last three years:

How many fatalities did your company have last year:

How many number of fatalities over the last three years:

Experience Modifications Rate for the past three years:

YEAR	RATE
2006	
2005	
2004	

Do you comply with the drug free work act?

- Yes No

Do you have a written safety policy/program?

- Yes No

Have you been cited by OSHA for an OSHA defined serious violation in the past three years?

- Yes No If yes, please explain on a separate piece of paper.

Feel free to attach any other information which you feel is applicable for our review.

PROJECT INFORMATION

Maximum single contract value awarded to your company:

Average contract amount:

List any work your company usually subcontracts out:

Attach a list of a minimum of five major/significant construction projects completed in the last three years. Include project name, location, contract amount, owner name, architect name, general contractor name, contact and phone number, bid/negotiated and bonded/non-bonded.

Attach a list of a minimum of three major/significant construction projects currently in progress. Include project name, location, contract amount, owner name, architect name, general contractor name, contact and phone number, bid/negotiated and bonded/non-bonded.

Information submitted:

Name:

Title:

Company:

Phone:

Date:

Signature:

Please return completed form to:

Tony Galietta

ORDNER CONSTRUCTION COMPANY, INC.

1600 Executive Drive South, Suite 100

Duluth, Georgia 30096

Fax 678-380-7111

tgalietta@ordner.com

CELEBRATING

20

YEARS

1987 - 2007