

Subcontractor Qualification Questionnaire

929 West Adams Street, Chicago, IL 60607
Phone: 312.563.5400 Fax: 312.429.0651



Complete this form (adding attachments as necessary) to provide a basis for evaluation of your firm's qualifications.

Subcontractors / Vendors / Service Providers (referred to herein as the "Firm") must complete this Subcontractor Qualification Questionnaire ("Questionnaire") as requested by us (referred to herein as the "Company"). This Questionnaire will be valid for a period of two (2) years from date of execution or until significant changes occur to data provided (whichever is shorter). Provided the Firm has a valid Questionnaire on file for the scope of work to be performed, the Firm will not have to complete a new Questionnaire. Other project specific forms, however, will still be required as requested.

1. General Information:

Business Entity Name (the "Firm"): _____

Firm Street Address: _____

City: _____ State: _____ Zip: _____

Firm Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Contact Person: _____ Title: _____

Email Address: _____ Website: _____

Tax ID #: _____ Year Started: _____ State of Origin: _____

No. of Employees: (Full-Time) _____ (Part-Time) _____ (Seasonal) _____ (1099) _____

Geographic Area(s) or State(s): _____

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Union (Y/N): _____ (If "YES", complete below table. Attach separate sheet(s) if necessary.)

Trade	Local Number	County	State	Dues Current (Y/N)

Contractor's License(s) - (Attach separate sheet(s) if necessary):

State/City	License No.	State/City	License No.

2. **Type of Entity** (check one): Corporation Partnership Sole Proprietorship
 Limited Liability Company Joint Venture Other: _____

If Firm is a Joint Venture, provide list of all partner firms and/or parties to the Joint Venture:

Partner/Party Name	% of Ownership

(This Questionnaire must also be completed by each Joint Venture Partner/Party noted in the table above.
 If M/W/DBE joint venture partner, provide copy of JV Agreement)

3. **Type of Business** (Check all that apply): Architecture Engineering Consulting GC/CM
 Testing Agency Subcontractor Vendor/Supplier Trucking Other: _____

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4. Business Classifications: (Check ALL that apply. Refer to definitions provided on last page of this form.)

DBE MBE WBE SBE Other: _____

List current Business Classification certifications & provide copy of certificate(s) (Attach separate sheet(s) if necessary)

Certification Name / Type	Certification Date	Certifying Agency

4a. Ever been denied, decertified, or graduated out of any certification program(s) (Y/N): _____

If "YES", Explain: _____

4b. Applications **pending** for any certification program(s) (Y/N): _____ (If "YES", provide details below)

Certification Name / Type	Date Application Submitted	Certifying Agency

5. Bonding: Bondable (Y/N): _____ (if "YES", provide confirmation letter from bonding company (surety) and details below. If confirmation letter is from authorized broker agent in lieu of surety, also provide Power of Attorney document. If "NO", skip to section 6)

Project Limit: \$ _____ Aggregate Limit: \$ _____

Bonding Co.: _____ Since: _____ A.M. Best Rating: _____

Broker / Agent: _____ / _____ Phone: _____

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6. **Insurance** (select all that apply): Work. Comp. G.L. Auto Excess Umbrella

(Provide sample Insurance Certificate, showing coverage limits.)

Insurance Co.: _____ Since: _____ A.M. Best Rating: _____

Broker / Agent: _____ / _____ Phone: _____

7. **Safety:** Written Safety Program (Y/N): _____ OSHA 30 Hr. Trained Employees (Approx. Qty.): _____

OSHA Incident Rate: Current Yr: _____ Prior Yr: _____ 2 Yrs. Prior: _____

Worker's Comp. EMR: Current Yr: _____ Prior Yr: _____ 2 Yrs. Prior: _____

(If not enough Work. Comp. experience, enter "1.00". If don't have Work Comp insurance, enter "N/A")

OSHA 300A Log (*Check One*): Attached: _____ Exempt: _____

(Copy of 300A Log is required if Firm employed more than ten (10) employees (excluding owner) all of last calendar year, unless otherwise exempt. Refer to <https://www.osha.gov/recordkeeping/pub3169text.html> for additional info and list of OSHA exempt establishment types.)

8. **Financial:** D&B Number: _____ Approx. Work Backlog Value: \$ _____

Smallest / Largest Proj. Interested in Pursuing: \$ _____ / \$ _____

(Attach a current audited Financial Statement.

If an audited Financial Statement is not available, provide an un-audited Financial Statement)

9. **Office Facilities** (*check one*): Own Lease/Rent (*Provide additional information below.*)

Office Facility Owner's Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

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10. Does Firm share office space, staff, or equipment (including phone exchanges) with any other business(es) or organizations (Y/N): _____ If "YES", list below:

Entity Name	Tax ID #	Description and Reason for Sharing

11. Client References:

Name	Company	Phone	email

12. Largest Completed Projects (Limit to three (3) largest completed within the last five (5) years.):

Project Name Your Scope	Client Name Project Location	Contract Value	Completion Date
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13. Largest Current Projects (*Limit to five (5) largest by contract value.*):

Project Name Your Scope	Client Name Project Location	Contract Value	Anticipated Completion Date
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14. Brief Capabilities Statement (*Attach separate sheet if necessary*):

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15. Items of work typically subcontracted to lower tiers (not self-performed) by your Firm? _____

PROJECT SPECIFIC INFORMATION:
 (for which this form is being completed)

16. Project Name: _____
 (If not for a specific Project, respond "N/A" and proceed to Verification and Signature)

Owner Name: _____

Items or Scopes of work interested in quoting: _____

17. Credit: Provide cost to provide a Letter of Credit for 25% of the contract amount: \$ _____

For sections A, B, and C below; complete only those sections that apply to the scope of work performed by your Firm.

A **SUBCONTRACTORS**
 (PROVIDES LABOR ON PROJECT SITE)

18. Will Firm provide own on-site fulltime Foreman and/or Superintendent to actively manage the work (Y/N): _____

19. Is there any equipment that the Firm does not own but is needed to perform its work (Y/N): _____

If "YES", explain below:

Equipment Needed, But Not Owned	How Will Firm Obtain Equip.	Reason Equip. Needed

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20. Will Firm subcontract any portion of the work to another entity (Y/N): _____

If "YES", explain below:

Scope To Be Subcontracted	Reason For Subcontracting	Anticipated % Of Contract Value	Type of Entity Subcontracting To (DBE, Non-DBE, etc.)

21. If the Firm will furnish & install materials, will the Firm obtain quotes from supplier(s)? (Y/N): _____

B	MATERIAL SUPPLIERS, DEALERS, MANUFACTURER REPS, BROKERS (PROVIDES GOODS, MATERIALS, SUPPLIES, OR EQUIP BUT DOES NOT PROVIDE LABOR ON PROJECT SITE)
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22. Firm is (check ALL that apply):

- Supplier
 Regular Dealer
 Broker
 Manufacturer
 Packager
 Manufacturer's Representative
 Other, explain: _____

23. Does Firm have a warehouse? (Y/N): _____ If "YES", provide address: _____

24. Manufacturer: Does the Firm own or maintain a factory that produces, on the premises, materials to be provided?

(Y/N): _____ If so, list all materials produced by the Firm: _____

25. Does Firm deliver materials / supplies with its own trucks? (Y/N): _____ If "YES", provide proof of title, registration, and insurance for all trucks owned.

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26. Regular Dealer: For the procurement of goods, materials, supplies, or equipment, Firm will (check ALL that apply):

- Negotiate price and terms with manufacturers Ship from Firm inventory, in Firm warehouse, to jobsite
- Manage the order(s) Store order(s) Ship from manufacturer to jobsite directly
- Ship from manufacturer to Firm warehouse or storage facility
- Pay for goods, materials, supplies, or equipment out of Firm’s own funds

C	TRUCKING
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27. Will Firm be responsible for management and supervision of entire trucking operation (Y/N): _____

28. Firm owns _____ (qty-each) trucks.

29. Firm can furnish proof of title, registration, and insurance for all trucks owned upon award (Y/N): _____

30. Will Firm lease trucks from another entity (Y/N): _____ If “YES”, explain below:

Qty of Trucks To Be Leased	Owner of Leased Trucks (Company Name)	Type of Entity Subcontracting To (DBE, Non-DBE, etc.)

KS15039 - Prince Georges CC Reno Addition

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VERIFICATION AND SIGNATURE

I _____, being duly sworn, an employee and Officer of _____, depose and say: as of the execution date of this Subcontractor Qualification Questionnaire, the information contained herein is accurate and complete.

Officer Name (Print): _____ Title: _____

Officer Signature: _____ Date: _____

*I wish to "Opt-Out" of future (other) bid opportunity email notifications and am only interested in the opportunity pertaining to this specific questionnaire. By "Opting-Out" I understand that I **WILL NOT** receive email notifications on future (other) bid opportunities unless I specifically "opt back in" via written correspondence.*

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Definitions:

The definitions provided herewith are not guaranteed and shall not waive the certifying company's responsibility to review and understand the definitions pursuant to applicable regulations.

- **DBE:** "Disadvantaged Business Enterprise" is similar to the definition of "MBE", but Small Business WBEs may also qualify. DBE certification is controlled by varying agencies across the United States, but is predominantly used by state and Federal Departments of Transportation as well as local airport authorities. Official DBE certification is required and certification requirements may vary between agencies.
- **MBE:** "Minority Business Enterprise" is an independent business concern that is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals who are U.S. citizens or Legal Resident Aliens, whose business formation and principal place of business are in the US or its territories, whereby the individual minority applicants have technical expertise and experience relating to specific products and services provided by the firm as well as the authority to make day-to-day and long term business decisions for the firm. MBE certification is controlled by varying agencies across the United States, but is predominantly used by city and county agencies. Official MBE certification is required and certification requirements may vary between agencies. To obtain MBE certification, most agencies dictate caps on personal net worth for each minority applicant as well as size standards for the business.
- **SBE:** "Small Business Enterprise" is similar to the definition of "SB – Small Business" except that "SB" is self-certifying and SBE requires an official certification.
- **WBE:** "Women's Business Enterprise" is an independent business concern that is at least 51% owned and controlled by one or more women who are U.S. citizens or Legal Resident Aliens, whose business formation and principal place of business are in the US or its territories, where the individual women applicants have technical expertise and experience relating to specific products and services provided by the firm as well as the authority to make day-to-day and long term business decisions for the firm. WBE certification is controlled by varying agencies across the United States, but is predominantly used by city and county agencies. Official WBE certification is required and certification requirements may vary between agencies. To obtain WBE certification, some agencies may also dictate caps on personal net worth for each woman applicant as well as size standards for the business.