



SUBCONTRACTOR QUALIFICATION FORM

INSTRUCTIONS: Please fill out all information requested and return via email to bidning@hardmanconstruction.com or mail to Hardman Construction, 242 S Brye Rd, Ludington MI 49431 Attention: Subcontractor Qualification

Company Name:									
Federal Identification Number:									
Company Headquarters Information	Address:								
	City:		State:		Zip:				
	Company Phone:				Website:				
	Contact Name:								
	Contact Phone:				Contact Fax:				
	Contact Email:								
Company Type:	Corporation:	<input type="checkbox"/>	Individual:	<input type="checkbox"/>	Partnership:	<input type="checkbox"/>	Joint Venture:	<input type="checkbox"/>	
	Other:	<input type="checkbox"/>	If so, please specify:						
If Company is a subsidiary, list Parent Company:									
Year the business was established:									
List Company Officers:	Chairman/CEO:								
	President(s):								
	Vice President(s):								
	Secretary:								
	Treasurer:								
	OWNERSHIP TYPE								
<i>Include a copy of all certifications relative to the ownership type(s) indicated.</i>									
<input type="checkbox"/> Woman Business Enterprise (WBE)				<input type="checkbox"/> Small Disadvantaged Business (SDB)					
<input type="checkbox"/> Women Owned Small Business (WOSB)				<input type="checkbox"/> Disabled Veteran Businesses (DVBE)					
<input type="checkbox"/> 8(a) Designation				<input type="checkbox"/> Minority Business Enterprise (MBE)					
<input type="checkbox"/> Small Disadvantaged Businesses (SDB)				<input type="checkbox"/> HUBZone Business Enterprises (HUB)					
BUSINESS TYPE									
A. Number of years your organization been in business as a contractor?									
B. Under what other or former names has your organization operated?									
C. List the types of work (or list the CSI codes) typically performed:									
D. Total number of employees:		Office:		Shop:		Field:			
E. Are you directly or indirectly signatory to labor union agreements:						Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>
- If yes, list which ones:									



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FINANCIAL					
A. What was your volume of work for the last three years and largest contract completed in each year:					
<u>Year</u>	<u>Sales Volume</u>	<u>Largest Contract</u>			
B. Current Backlog:					
- Please fill out and return the attached W-9 form if you have NOT previously worked for Hardman Construction					
- Please attach the last two (2) years of audited (or reviewed) financial statements (including Balance Sheets, Income Statements and name of preparer)					
BANKING					
Bank Name:					
Bank Address:					
City:		State:		Zip:	
Contact Name:		Contact Phone:			
Does your company have a line of credit:		<input type="checkbox"/> Secured		<input type="checkbox"/> Unsecured <input type="checkbox"/> None	
- If yes, what is the amount of the line of credit:					
- Amount of available on the line of credit:					
How long has your company used this bank as your primary bank:					
BONDING					
A. Is your company bondable?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
- If yes, what is the name of your bonding company:					
B. Does the bonding company have an AM Best Rating?		Yes <input type="checkbox"/>		No <input type="checkbox"/>	
C. What is the name of your Agent:			Phone:		
D. Please provide the following information or attach a letter from your surety providing this data:					
- Total Bonding Capacity					
- Single Project Bonding Limit					
- Value of Work Currently Bonded					
LEGAL					
A. Has your company ever been terminated by a client				Yes <input type="checkbox"/>	No <input type="checkbox"/>
B. Has your company failed to complete a contract				Yes <input type="checkbox"/>	No <input type="checkbox"/>
C. Has your company filed for bankruptcy or reorganization?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
D. Has your company ever been involved in claims, litigation or arbitration?				Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>**If you answered yes to any of the above questions, please submit details on a separate sheet**</i>					



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Safety			
A. Is your company part of any OSHA cooperative programs (Alliance, OSP, VPP, Challenge)	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- If so, which one(s):			
B. Does your company conduct weekly, documented safety audits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
C. Does your company have a safety management program and safety manual?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
D. Does your company have a hazard communication program?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
E. Does your company have a full-time field safety representative?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
- If so, how many?			
F. Are documented weekly safety talks required on your crews?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
G. Does your company create and use project specific safety plans?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
H. Provide EMR Rating for the last three (3) years:			
	<u>Year</u>	<u>EMR</u>	
- For any EMR Rates that exceed 0.8 or there are EMR increases year over year, provide written explanation			
I. Please attach copies of your OSHA Form 300A Summary of Work Related Injuries & Illnesses filed with the DLEG for the past three calendar years.			
REFERENCES			
Three client references are required. Please provide the following:			
<u>Company</u>	<u>Contact</u>	<u>Phone</u>	
The undersigned certifies that the information provided herein is true and sufficiently complete so as not to be misleading. Furthermore, the submitter authorizes contacting any of the references given on this form.			

Completed by: _____

(print or type)

Signature

Title: _____

Date Completed: _____

Required Attachments:

- Financial Statements (last 2 Years)
- OSHA Form 300A (last 3 years)

Optional Attachments:

- W-9 (If new to Hardman)
- Surety Letter
- Ownership Certifications