



CONTRACTOR QUALIFICATIONS

Revised May 24, 2017

****Email completed qualification form to subs@hammondconstruction.com**

Company Name: _____ Contact Person: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Federal ID#: _____

Email Address: _____

Type of work qualified to perform: (masonry, steel, etc.) _____

Type of work your company intends to self-perform: _____

Type of work your company intends to subcontract: _____

What percentage of your company's work is normally subcontracted? _____

List the counties/geographical area in which you work and any union commitments in those areas:

Year Business Started: _____ Number of Employees: _____

Union / Signatory: Yes [] No [] If yes, indicate which trade unions: _____

Business Type: [] Corporation [] Partnership [] Limited Liability Company [] Sole Proprietor

[] Other (specify) _____

Name & Title of Corporate Officers	Years with Company

Is this company owned or controlled by a parent company or any other organization? [] YES [] NO
If yes, please describe on a separate sheet and attach.

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Is this company a certified: MBE WBE DBE VBE SBE Native American N/A

If no, provide a minimum of three (3) EDGE, MBE, or DBE certified businesses that this company may solicit to meet or exceed EDGE goals.

Company Name	Certification Number
1.	
2.	
3.	
4.	
5.	

Does this company have an Ohio EEO Certificate of Compliance? YES NOIs this company enrolled and in good standing in the Ohio Bureau of Workers' Compensation Drug-Free Safety Program? YES NOHas this company or any of its officer(s) declared bankruptcy in last 5 years? YES NOHas this company ever violated any affirmative action program within the last 5 years? YES NO

Current Contract Backlog: _____

Has this company ever failed to complete a project? YES (describe below) NO

Details: _____

Has this company ever failed to complete a project on time? YES (describe below) NO

Details: _____

Has this company ever defaulted or been terminated (for any reason) on a contract awarded to you?
 YES (describe below) NO

Details: _____

Has this company ever performed work for this Owner? YES (describe below) NO

Details: _____

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Is this company located in the County where the work will take place? YES NO

Details: _____

Contractor's License(s)

State: _____ No: _____

State: _____ No: _____

I. Legal Information

Have any owners, officers or major stock holders of your company ever been indicted or convicted of any felony or other criminal conduct? YES NO

If yes, please provide a complete explanation on a separate sheet.

Has this company ever been involved in any lawsuits, claims, or demands, related to the company or organization's participation on any public contract, whether the lawsuit, claim or demand was initiated by the public owner against the company or organization or initiated against the company or organization in its capacity as a subcontractor. YES NO

If yes, please provide a complete explanation on a separate sheet.

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against this company or its officer or principals? YES NO

If yes, please provide a complete explanation on a separate sheet.

Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations? YES NO

If yes, please provide a complete explanation on a separate sheet.

In the past five years, has the company or organization ever been requested by a public owner to return to address construction workmanship, performance, or installation issues. YES NO

If yes, please provide a complete explanation on a separate sheet stating the project and contract

Has this company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? YES NO

If yes, please provide a complete explanation on a separate sheet.

II. References

Banking

Name _____

Address _____

Contact Person _____

Telephone _____

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Bonding

Surety _____

Surety Agent _____

Contact Person _____ Telephone _____

Bonding Capacity – Per Project \$ _____ Aggregate \$ _____

*****Please attach a formal letter from the surety describing capacity.**

Insurance

General Liability Carrier _____

Insurance Broker _____

Contact Person _____ Telephone _____

*****Please attach a blanket copy of insurance certificate.**

Supplier (provide three)

Supplier Name & Location _____

Contact Person _____ Telephone _____

Supplier Name & Location _____

Contact Person _____ Telephone _____

Supplier Name & Location _____

Contact Person _____ Telephone _____

Relevant Project Experience (provide three)

Project: _____

Contact: _____

Telephone: _____ Contract Amount: _____

Project: _____

Contact: _____

Telephone: _____ Contract Amount: _____

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Project: _____

Contact: _____

Telephone: _____ Contract Amount: _____

III. Financial Information

Indicate the size of project you are most competitive in performing (enter 1). Show in preference order (2, 3, ...) other size projects you are capable of performing:

Under \$100,000		\$1,000,000 - \$2,000,000	
\$100,000 - \$200,00		\$2,000,000 - \$5,000,000	
\$200,000 - \$500,000		\$5,000,000 - \$10,000,000	
\$500,000 - 1,000,000		\$10,000,000 - \$15,000,000	

What is the largest contract your company has completed?

Amount: _____ Year: _____

Project Name: _____ Scope: _____

What is the largest dollar volume job you expect to do during this year?

Amount: _____ Year: _____

Project Name: _____ Scope: _____

What is the expected annual volume this year?

Amount: _____

What was the average annual volume of work performed over the past three (3) years?

201__ : _____

201__ : _____

201__ : _____

IV. LEED

Has your company had experience with LEED projects YES NO

Does your Company have a LEED AP on staff? YES NO

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V. Safety

Does your firm have a written safety plan?] YES] NO

Does your company conduct Toolbox Safety Meetings? [YES NO

Does your company conduct site safety inspections?] YES NO

Has your firm had any OSHA citations or fines, within the last three (3) years? YES NO
If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent from happening in the future.

*****Please submit your OSHA 300 Logs for the three most recent years and list:**

	EMR Rate	OSHA Days Away Case Rate	Fatalities
20____			
20____			
20____			

VI. Additional Information

Please attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, with scope of work and scheduled completion. (Include contact people and phone numbers) *REQUIRED*

Please list any additional information you feel will help us determine your company’s qualifications and expertise: _____

As a corporate officer of the company, by signing below, I certify that the above information is true.

Completed By: _____
 (Name)

 (Title)

 (Signature)

 (Date)