



## SUBCONTRACTOR QUALIFICATION

Company Details			
Company Name			
Address			
Telephone Number			
Email Address			
Details			
	Name(s)	Phone Number	Email Address
Company Director(s)			
Accounts Manager			
Point of Contact			

<input type="checkbox"/> Corporation & State <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Joint Venture	Federal Tax I.D. _____ Years in Business: _____
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List other business names & dates you operated under in the past 3 years


**Check Appropriate Category(ies):**

Minority Business Enterprise <input type="checkbox"/> Disadvantaged Business <input type="checkbox"/>	Women Business Enterprise <input type="checkbox"/>
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**Work Areas of Interest:**

\_\_\_\_\_

\_\_\_\_\_

**Broad Scope of Materials/Services Offered:**

\_\_\_\_\_

\_\_\_\_\_

**Areas Licensed to Work:**

**States:**

**Counties:**




Maximum Value of Contract you can Deliver: _____	
<b>Labor Resources</b>	
General Operatives	_____
Skilled Operatives	_____

Trade Association Membership: \_\_\_\_\_ ABC \_\_\_\_\_ AGC  
 Union Affiliations: \_\_\_\_\_ N/A \_\_\_\_\_  
 \_\_\_\_\_ Local \_\_\_\_\_ National \_\_\_\_\_ Contract Expiration

Total Number of Employees: \_\_\_\_\_  
 Number of Office Employees: \_\_\_\_\_  
 Number of Field Employees: \_\_\_\_\_

**References:**

**Trade/Supplier References**

1. Company:	Phone:
Contact:	
2. Company:	
Contact:	
3. Company:	
Contact:	

**Work Experience:**

Total Amount of Work Currently Under Contract: \$ \_\_\_\_\_

Annual Volume (Construction in Place) for the Past Three Years:

Year 1 (Most Recent) \_\_\_\_\_ Year 2 \_\_\_\_\_ Year 3 \_\_\_\_\_

Preferred Contract Amounts: Max: \$ \_\_\_\_\_ Min: \$ \_\_\_\_\_

Has your company previously worked with R.L. Baxter Building Corp.?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, list the last three (3) contracts:

Project	Scope	Contract Amount	% Complete or Completion Date
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



**Safety:**

List any OSHA citations received in the past three (3) years with explanation:

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Does your company have the following corporate safety policies or programs?

Safety Policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Hazardous Communication Policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Drug-Free Work Place Policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
EEOC Policy	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Sexual Harassment	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Quality Improvement Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
Partnering Program	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No

Current Worker's Compensation Experience Modifier Rate: \_\_\_\_\_

For rate above 1.00, explain the reason(s) for excessive rate. Please include any additional information to help us understand significant claims.

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**Litigation History:**

- Has your organization ever failed to complete any work awarded to it?  Yes  No
- Are there any judgements, claims or arbitration proceedings?  Yes  No
- Has your organization filed any law suits or requested arbitration regarding construction/design contracts within the last three years?  Yes  No
- Has your organization or any of its officers ever filed for bankruptcy or Chapter 11 reorganization?  Yes  No

If the answer to any of these questions is yes, please explain and attach details.

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I certify this information is true and to the best of my knowledge.

Signature by Officer \_\_\_\_\_ Name: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Date: \_\_\_\_\_



**Completed Major Projects:**

Project Name:	Contract Amount:
Owner & Contract:	Phone:
General Contractor & Contract:	Phone:
Completion Date:	Percent Complete:

Project Name:	Contract Amount:
Owner & Contract:	Phone:
General Contractor & Contract:	Phone:
Completion Date:	Percent Complete:

Project Name:	Contract Amount:
Owner & Contract:	Phone:
General Contractor & Contract:	Phone:
Completion Date:	Percent Complete:

Project Name:	Contract Amount:
Owner & Contract:	Phone:
General Contractor & Contract:	Phone:
Completion Date:	Percent Complete:

Project Name:	Contract Amount:
Owner & Contract:	Phone:
General Contractor & Contract:	Phone:
Completion Date:	Percent Complete: