



SUBCONTRACTOR QUALIFICATION FORM

FIRM NAME: _____

FIRM ADDRESS: _____

MAIN CONTACT: _____
(NAME) (EMAIL) (PHONE)

PRIMARY SCOPE OF WORK YOU SELF-PERFORM: _____

SAFETY REQUIREMENTS:

EMR (Experience Modification Rate) _____/Year _____

OSHA Recordable Incident Frequency Rate (RIFR) _____

CHECK ALL THAT APPLY: MBE WBE VBE SBE DBE UNION NON-UNION OTHER

WORKFORCE NUMBERS: _____

YEARLY REVENUE: _____ YEARS IN BUSINESS _____

INSURANCE MAX UMBRELLA COVERAGE: _____

PROJECT EXPERIENCE AND VALUE INFORMATION:

Smallest/Largest/Typical Size Project Value _____/_____/_____

DESIGN SERVICES IN OR OUT OF HOUSE _____

SPECIAL CERTIFICATIONS: _____

THREE LARGEST CONTRACTS COMPLETED WITH BUSINESS REFERENCE:

PROJECT NAME	SUBCONTRACTOR VALUE	DATE COMPLETED	BUSINESS REFERENCE AND CONTACT INFORMATION

OTHER IMPORTANT INFORMATION: _____
