



SUBCONTRACTOR/VENDOR QUALIFICATION

Send completed form and requested documentation to: subupdate@structurainc.com
 For questions or more information, please contact your representative for regions below:

AUSTIN	SAN ANTONIO/NEW BRAUNFELS	HOUSTON
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I. GENERAL INFORMATION

Company Name:	Primary Street Address:
Mailing Address:	City, State, Zip:
City, State, Zip:	Estimator Contact Name and Title:
Telephone No.:	Contact Email:

Scope of work/services you provide (trade description and/or CSI codes):
Material only <input type="checkbox"/> Labor only <input type="checkbox"/> Labor & Material <input type="checkbox"/>

Business Structure: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC <input type="checkbox"/> Individual
Date of Incorporation or establishment: _____ State of Incorporation or establishment: _____
Federal Employer ID number: _____
Number of Office Employees: _____ Number of Field Employees: _____
What other names has/does this company operate(d) under?

Total value of work currently in progress:
Company Annual Volume:

Certifications: Is your firm a HUB Certified or Minority contractor?
MBE <input type="checkbox"/> WBE <input type="checkbox"/> SBE <input type="checkbox"/> Disadvantaged <input type="checkbox"/> Other <input type="checkbox"/> None <input type="checkbox"/>
Certifying Agency Name and Certification No.:

Is Your Firm Affiliated With Any Other Contracting Firm? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes:
Firm Name: _____ Address: _____
City, State, Zip _____ Phone No: _____

Is your firm a party to any labor agreements? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain:

Is your firm involved in any current litigation with Owner / General Contractors? <input type="checkbox"/> Yes <input type="checkbox"/> No
Has your firm had any judgements against in the last 3 years? <input type="checkbox"/> Yes <input type="checkbox"/> No
Have any of the principles of your company been involved with any litigation, past or current? <input type="checkbox"/> Yes <input type="checkbox"/> No



II. REFERENCES & EXPERIENCE

Historically, what percentage of your firm's work has been associated with the following construction types and what is the average value of those contracts?

%	Building Type	Average \$ Value	%	Building Type	Average \$ Value
	Advanced Technology			Industrial	
	Banking / Financial			Institutional	
	Corporate Office			Restaurant	
	Data Center			Retail	
	Healthcare			Special Projects	
	Hospitality				

Please attach your most recent work in progress schedule indicating the project name, location, contract amount and scheduled completion date. (REQUIRED)

Please provide (3) three Project References (completed within the past 2 years):

Project Name:	General Contractor:
Location:	Contact Name:
Value of Contract:	Phone/Email:
Date of Completion:	Architect:
Project Name:	General Contractor:
Location:	Contact Name:
Value of Contract:	Phone/Email:
Date of Completion:	Architect:
Project Name:	General Contractor:
Location:	Contact Name:
Value of Contract:	Phone/Email:
Date of Completion:	Architect:

Please provide (3) three Supplier References:

Company Name:	Location (City):
Contact Name:	Contact Phone/Email:
Company Name:	Location (City):
Contact Name:	Contact Phone/Email:
Company Name:	Location (City):
Contact Name:	Contact Phone/Email:

III. FINANCIAL INFORMATION (We value your privacy. All information collected will be kept confidential.)

Bank Information:

Bank Reference:	
Bank Name:	Primary Account #:
Address:	
City, State, Zip	
Phone No.	

Bonding Information:

Bonding Information:		
Name of Bonding Agency:		
Bonding Contact Name:		
Phone No:	Email:	
Name of Surety Company:		
Bonding Capacity:	Single Job:	Aggregate:
Amount of Work Currently Bonded:		
Bond Rate (%) :		



Dun & Bradstreet Rating: _____

Please attach current and (2) two prior years Financial Statements, preferably audited or reviewed. (REQUIRED)

IV. INSURANCE INFORMATION:

Please review Structura's Insurance Requirements at the end of this form.

Do you meet all of our insurance requirements? Yes No

If no, please explain:

****Please attach your sample Certificate of Insurance with the return of this form****

V. LITIGATION (We value your privacy. All information collected will be kept confidential.)

Is your company involved in any current litigation with Owner / General Contractors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any judgements made against the company in the last 3 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have any of the principles of your company been involved with any litigation, past or current?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company or the principles had any labor law violations in the past?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever defaulted on a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company ever been terminated from a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company's license ever been revoked or suspended?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If you've answered YES to any of the above questions, please explain:		

VI. SAFETY

SAFETY PROFILE:			
Experience Modification Rate (EMR):	Current Year:	Last Year:	Two Years Ago:
Does your company have an OSHA Compliant Written Safety Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Are job site safety meetings held regularly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Do you have Site Safety Supervisors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If yes, Qualifications:			
Training:			
Certification:			
Frequency of Site Safety Inspections:	<input type="checkbox"/> Daily	<input type="checkbox"/> Weekly	<input type="checkbox"/> Other (describe):
Describe safety training that supervisory or other personnel have:			
Do you have a Drug Testing Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Pre-employment Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Random Drug Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, Frequency:
Post incident Testing	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Additional information or Comments:			

WE CERTIFY THAT ALL INFORMATION IN THIS QUESTIONNAIRE AND THE ATTACHMENTS ARE TRUE AND CORRECT. WE HEREBY AUTHORIZE STRUCTURA AN IT'S REPRESENTATIVES, TO INVESTIGATE DIRECTLY WITH THE REFERENCES GIVEN HEREIN, ANY INFORMATION PERTAINING TO THE UNDERSIGNED AND/OR THE INDIVIDUALS INVOLVED THEREIN. WE AUTHORIZE OUR FINANCIAL INSTITUTIONS PRIOR AND EXISTING SURETIES, CUSTOMERS CREDITORS AND SUPPLIERS TO RELEASE CREDIT HISTORY AND OTHER UNDERWRITING OR QUALIFICATION INFORMATION.

Certification: I have prepared and/or reviewed this completed document in its entirety. Based on my knowledge, this document is complete and does not contain any material misstatements or omissions and fairly presents the condition and operations of the company:		
Signed:	Title:	Date: