



MEMORANDUM

Subcontractor Qualification Form

Thank you for your interest in Bollenback Builders, Inc. Attached is our standard Subcontractor Qualification Form. Please take a moment to fill out the attached form in its entirety (all fields must be complete in order for us to review/process) and send back to us completed either by email at devon@bollenbackbuilders.com or by fax (813) 855-3475. We will then review it and add your company to the list, also please make sure you have included a copy of your insurance, contractor license and W-9. If you have any questions or concerns please do not hesitate to contact me at (813) 855-2656.

Thank you,
Devon DeTrapani



FOR OFFICE USE ONLY

Add to Sublist Division _____

Approved: _____ Not Approved: _____

SUBCONTRACTOR QUALIFICATION FORM

ALL FIELDS MUST BE COMPLETED

DATE _____

COMPANY NAME _____

TYPE OF WORK/SPECIALTY _____

COMPANY ADDRESS _____

COMPANY PHONE NUMBER _____ FAX NUMBER _____

COMPANY EMAIL ADDRESS AND/OR WEBSITE _____

CONTRACTORS LICENSES NUMBER _____ TAX NUMBER _____

TYPE OF COMPANY
 SOLE PROPRIETORSHIP CORPORATION PARTNERSHIP

NAMES AND TITLE OF KEY PERSONNEL _____

DOES YOUR COMPANY HAVE A CURRENT AND ACTIVE WRITTEN SAFETY PROGRAM? (Y/N) _____

WHAT IS YOUR COMPANIES EXPERIENCE MODIFICATION RATING (EMR)? _____

GEOGRAPHIC AREAS OF INTEREST BY COUNTY _____

PREFERRED PROJECT SIZE _____

YEARS IN OPERATION _____ # OF EMPLOYEES IN OFFICE _____ IN FIELD _____

% OF WORK PERFORMED BY OWN FORCES _____

VALUE OF WORK:
 UNDER CONTRACT _____ COMPLETED LAST YEAR _____

AVERAGE ANNUAL SALES LAST (3) YEARS _____

VALUE OF WORK PRESENTLY BONDED _____

TOTAL AGGREGATE BONDING CAPACITY _____ PER JOB _____

BONDING SURETY FIRM _____ PHONE _____

BONDING RATE _____

INSURANCE REQUIREMENTS: Excess Liability: \$1,000,000; General Liability: Bodily Injury Liability \$500,000, Property Damage \$100,000; Automotive Liability: Bodily Injury \$250,000 Each Person, \$500,000 Each Accident; Property Damage Liability: \$100,000 Each Accident; Worker's Comp Employee Liability: \$100,000.

HAS FIRM: EVER FAILED TO COMPLETE A CONTRACT (YES/NO) _____
 BEEN INVOLVED IN BANKRUPTCY OR REORGANIZATION? (YES/NO) _____
 HAD ANY PENDING JUDGEMENTS, CLAIMS OR SUITS? (YES/NO) _____

IF YES, PLEASE EXPLAIN _____

HOW DID YOU HEAR ABOUT US _____

***** PLEASE ATTACH (3) CURRENT AND (3) PAST REFERENCES*****

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