



SUBCONTRACTOR QUALIFICATION FORM

Date: _____

Firm Name: _____

Type of Subcontractor: _____

Address: _____

Phone: _____ Fax: _____

Company Website: _____

President: _____ Email: _____

Federal ID: _____ D&B No.: _____

Date Established _____ Date began under present name: _____

Years Performing Specialty: _____ License Number (if applicable): _____

Former Co. Name (if applicable): _____

Is Firm an MBE, WBE, DBE, SDVOSB or HUB?
(If so, please specify and attach certificate)

FINANCIAL STATEMENT: Submission of financial statement at this time is required. This information will be handled confidentially. The financial statement should contain reasonably current data and reflect the general current financial condition of the firm. Please include both a balance sheet and income statement - the latest annual and interim statements, preferably with at least the annual statements reviewed or audited by an independent CPA. *NOTE: Failure to provide this information may limit the amount of work awarded to your firm.*

Bank Reference (name and address):

Work in place last year: _____ Avg. annual sales last 3 years: _____

Approx. value of capital equipment owned by the firm: _____

Bonding Company (if applicable):

Agent:

Total bonding capacity: Per Project: _____

Aggregate: _____

Amount of Work currently bonded: _____

Bonding Co.'s Best Rating: _____

Is the firm in compliance with all EEO requirements?

Yes **No**

Has the firm failed to complete a contract? (If yes, explain below)

Yes **No**

Has the firm been involved in bankruptcy or reorganization? (If yes, explain below)

Yes **No**

Any pending judgments, claims, or suits against firm? (If yes, explain below)

Yes **No**

Experience Modification Factor (EMR): _____

NAME, ADDRESS AND PHONE NUMBER OF INSURANCE AGENT:

STAFF: Project Managers: _____ Estimators: _____ Superintendents: _____

Total Staff Employed: _____

LIST THE FOUR MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE (5) YEARS (may list on separate sheet if needed)

Project and Location Architect Owner Contract Amount Date Completed Contact Name/Phone

1.

2.

3.

4.

LIST FOUR OWNER/GENERAL CONTRACTOR REFERENCES (Include name, address, telephone number, and contact person):

1.

2.

3.

4.

LIST THREE TRADE REFERENCES (Include name, address, telephone number and contact person):

1.

2.

3.

Submitted By:

Firm Name: _____

Signature _____

Print Name/Title _____

Date: _____

Please mail or email this information to

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