



SUBCONTRACTOR QUALIFICATION FORM

COMPANY INFORMATION

Company Name _____

Complete Address _____

Phone Number _____ Fax Number _____

Contact Name _____ Email Address _____

Federal Tax ID # _____

Type of Company Corporation Partnership Sole Proprietorship

Date formed _____ Number of Employees: Salaried _____ Hourly _____

Average work in place during last 5 years \$ _____ Work under contract \$ _____

Average project size in place last year \$ _____ Uncompleted backlog \$ _____

Maximum Project Size Capability (circle one):

\$25,000 \$50,000 \$100,000 \$250,000 \$500,000 \$750,000 \$1,000,000

\$2,000,000 Other: _____

Size of projects preferred \$ _____ Project location preferred _____

TRADE / DIVISION: _____

Non-Union Only: _____ Union Only: _____ Union and Non-Union _____

BONDING CAPACITY

Are you able to bond projects? Yes No Bonding Rate _____%

Single Project Limit _____ Aggregate Limit _____

Bonding Company/Address _____

Agent Name/Phone # _____

INSURANCE INFORMATION

Worker's Compensation Experience Modifier:

Current Experience Modification Rate (EMR): _____% Effective Date: _____

(month and year)

You are required to verify your current Worker's Compensation Experience Modifier. If your experience modifier is .90 or higher, you may be asked to provide additional information.



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General Liability Limits: \$ _____ per occurrence \$ _____ aggregate

Insurance Company/Address _____

Agent Name/Phone# _____

BANK REFERENCE Does the company have a line of credit from any lending institution? Yes No

Amt of Credit Outstanding Balance Lender's Name/Address Lending Officer's Name/Phone #

MBE/WBE/SBE/DBE/DVBE CERTIFICATION

Is the company certified? MBE WBE SBE DBE DVBE

Certifying Agency(s) _____

COMPLETED PROJECTS List 2 (2) representative projects completed in the last five (5) years.

Name of Project _____

Contact Name _____ Phone No. _____

Contract Amount _____

Name of Project _____

Contact Name _____ Phone No. _____

Contract Amount _____

CURRENT PROJECTS List two (2) representative projects currently under construction.

Name of Project _____

Contact Name _____ Phone No. _____

Contract Amount _____

Name of Project _____

Contact Name _____ Phone No. _____

Contract Amount _____

TRADE REFERENCES List three (3) of your subcontractors or suppliers.

Company Name Address Phone Number Contact Name

CLIENT REFERENCES List three (3) clients.

Company Name Address Phone Number Contact Name

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OTHER INFORMATION In the past five (5) years, has the company...

- Operated under any other name? Yes No
- had any liens filed against it by any of its subcontractors or suppliers? Yes No
- Ever failed to complete a contract, been defaulted, or had a contract terminated? Yes No
- Had liquidated damages assessed against it upon completion of a project? Yes No
- Or any of its key people been a party to a bankruptcy or reorganization proceeding? Yes No
- Or any of its key people been involved in any lawsuit arising from a project? Yes No
- Or any of its key people been investigated for or found to have committed a violation of any labor laws? Yes No
- Or any of its key people been investigated for or found to have committed a serious OSHA violation (you can research this at <http://www.osha.gov/oshstats/>) Yes No
- Or any of its key people been investigated for or found to have committed a violation of state, federal or local laws? Yes No

Give details for any YES answer. (Use separate sheet if needed)_____

Signature_____ **Please attach:** ___Financial Statements (last three)

Print Name_____ ___Key Personnel Resumes

Title_____ ___Insurance Certificate

Date_____ ___Copy of all Contractor's Licenses

Contractor's License No. _____ ___Any additional information

Please return to: Skillco Construction, LLC
585 West 500 South Suite 110
Bountiful, Utah 84010
Ph. 801.292.1400/ Fx. 801.298.2905

Note: If you are approved as a subcontractor you will be asked to provide:

- Worker's Compensation Insurance
- W9
- Certificate of Liability Insurance

