



Subcontractor Qualification Application

Prepared by: _____ Date: _____

GENERAL INFORMATION

Name of Company: _____ Tax I.D. Number: _____

Subsidiary Company Name(s): _____

Address: _____

City: _____ State: _____ Zip: _____

Business Trade: _____ In Business Since: _____

Type of Business: *(check one)* Corporation Partnership LLC/LLP Sole Proprietor Other

Labor/Union Affiliation: Union Non-Union

If Union, Which Ones: _____

Design/Build Capabilities: Yes No Licensed in Trade: Yes No

Is the Company any of the following: *(Check all entities that apply and attach certificate)*

Women-Owned (WBE) (51% Ownership & Participation)

Minority Owned (MBE) (51% Ownership & Participation)

Disadvantaged Business Enterprise (DBE) (51% Ownership & Participation)

Certification with: State of Illinois City of Chicago SBA-8A Cook County

Number of Employees: _____ How many office locations does the company have? _____

Where are the offices located? _____

List of Company Officers:

President/CEO: _____ Vice President/COO: _____

Treasurer/CFO: _____ Secretary: _____

Company Principal Responsible for Business Transactions:

Name: _____ Title: _____

Email Address: _____ Phone: _____

Contacts:

	Name	Phone	Cell	Email
Project Manager:	_____	_____	_____	_____
Estimating:	_____	_____	_____	_____
Accounting:	_____	_____	_____	_____

BONDING INFORMATION

Bonding Company Name: _____ Contact Name: _____

Address: _____ Phone Number: _____

Present Amount of Coverage: _____



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Has anyone made a claim against any bond issued on your behalf over the past 5 years? Yes No

If yes, please explain: _____

Have you made a claim against any other entity's bond over the past 5 years? Yes No

If yes, please explain: _____

Please provide a letter from your surety company dated within the past 30 days listing the following:

- "AM Best" rating of surety
- Total bonding capacity
- Single project limit
- Current bonding capacity
- Bonding rates

INSURANCE INFORMATION

Do you currently carry the following insurance coverage?

General Liability Yes No Limit: _____

Automobile Liability Yes No Limit: _____

Umbrella Liability Yes No Limit: _____

Employer Liability Yes No Limit: _____

Worker's Compensation Yes No Limit: _____

Please provide the following:

- Submit a copy of your certificate of insurance showing the limits of coverage and effective dates.
- Provide contact information for your insurance carrier and agent.
- Specify your carriers "AM Best" rating.

FINANCIAL INFORMATION

Please answer the following company financial questions:

Are you currently the subject of any liens? Yes No

If yes, please explain: _____

Are all taxes current? Yes No

Are you current with all union obligations? Yes No Not Applicable

(Provide a letter from your union that the firm is current with dues and in good standing.)

Are you currently involved in any litigation? Yes No

If yes, please explain: _____



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Please provide the following:

- Provide a letter from your financial institution that your firm is in good standing and credit worthy.
- Provide a completed W-9 form.

BANKING INFORMATION

Name of Bank: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Amount Owning: _____ Term Loans: Yes No

Line of Credit: Yes No

Maximum Amount Authorized: _____

Amount Outstanding: _____

Name of Bank: _____ Contact: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____ Fax Number: _____

Amount Owning: _____ Term Loans: Yes No

Line of Credit: Yes No

Maximum Amount Authorized: _____

Amount Outstanding: _____

SAFETY INFORMATION

Do you have a written Safety Program? Yes No

Are all employees trained in safety requirements Yes No

Do you have a Company Safety Director or other Safety Professional on staff? Yes No

Provide your Experience Modification Rate (EMR) for the past 3 years. This information is available from your insurance agent, broker or carrier.

Year	EMR
20__	_____
20__	_____
20__	_____

Please provide an explanation for an EMR above 1.00 or if your firm does not have an EMR.

Please explain: _____

Have you had an OSHA inspection in the last 5 years? Yes No



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If yes, do you have any citations? Explain the citation(s) and provide a hard copy: _____

How long have you been covered by your current provider of Worker's Compensation Insurance? _____

BACK LOG INFORMATION

Contracts in Force:

Project Name: _____ Owner's Name: _____
Address: _____ Phone Number: _____
Type of Work: _____ Contract Amount: _____
Percent Completed: _____ Est. Completion Date: _____

Project Name: _____ Owner's Name: _____
Address: _____ Phone Number: _____
Type of Work: _____ Contract Amount: _____
Percent Completed: _____ Est. Completion Date: _____

Project Name: _____ Owner's Name: _____
Address: _____ Phone Number: _____
Type of Work: _____ Contract Amount: _____
Percent Completed: _____ Est. Completion Date: _____

PROJECT EXPERIENCE/REFERENCES

Provide a listing of relative project experience that your firm has completed in the last 5 years.

Project Name: _____ Name/Title of Reference: _____
Address: _____ Phone Number: _____
Type/Size of work: _____ Email Address: _____
Contract Amount: _____ Completion Date: _____

Project Name: _____ Name/Title of Reference: _____
Address: _____ Phone Number: _____
Type/Size of work: _____ Email Address: _____
Contract Amount: _____ Completion Date: _____

Project Name: _____ Name/Title of Reference: _____
Address: _____ Phone Number: _____
Type/Size of work: _____ Email Address: _____
Contract Amount: _____ Completion Date: _____

CONFIDENTIALITY NOTE: The information supplied by the undersigned in this document is intended only for the use of Sterling Renaissance, Inc. The undersigned certifies that the information provided herein is a clear and accurate representation of this organization.

Name: _____ Signature: _____ Title: _____ Date: _____