



## Subcontractor's Qualification Form

### Tulsa Office

2738 E. 51<sup>st</sup> Street, Suite 140

Tulsa, Oklahoma 74105

Phone: 918-747-7410

Fax: 978-747-7585

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Contractor legal name: \_\_\_\_\_

Contractor DBA(s): \_\_\_\_\_

Organization type: (Corporation, Partnership, Limited Liability Company, Sole Proprietor) \_\_\_\_\_

Date founded: \_\_\_\_\_ State of formation: \_\_\_\_\_

Primary address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Website: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

### Please submit the following documentation along with this completed form:

- Surety letter:** A letter ***dated within the last thirty (30) days*** provided on your surety's letterhead identifying the single project and aggregate limits of your firm's bonding capacity.
- Certificate of insurance:** A current certificate of insurance reflecting minimum requirements or higher as outlined in Exhibit A.
- Business financial statements:** The last two (2) fiscal year-end financial statements to include:
  - CPA letter
  - Balance sheet
  - Income statement and cash flows
  - Any notes to the financial statements

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**IMPORTANT! If last fiscal year-end is over six (6) months old, please attach current interim statements to include ***balance sheet*** and ***income statement*** at a minimum.**

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- Disadvantaged or Minority Certifications:** A copy of all certificates evidencing any disadvantaged or minority status of your firm referenced in the *Subcontractor Diversity* section of this form.
- OSHA 300A Log**
- W9**
- Copy of all trade licenses**
- Proof of 3-Year EMR Rating:** NCCI forms or other state-approved ratings forms.



**Estimating contact:** \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Operations contact:** \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Safety contact:** \_\_\_\_\_ Title: \_\_\_\_\_

E-mail: \_\_\_\_\_

Office phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Fill in your contractor license information for all states you are licensed to conduct business.**

Contractor license #: \_\_\_\_\_ State: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contractor license #: \_\_\_\_\_ State: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Contractor license #: \_\_\_\_\_ State: \_\_\_\_\_ Classification: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

List any other states in which you are qualified to perform work: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Subcontractor Diversity**

Please select all that apply.

- Small Business Enterprise       Small Disadvantaged       Service Disabled
- Women owned       8a       Veteran owned
- HUB Zone       Veteran owned       Other \_\_\_\_\_

**Subcontractor Diversity (For Red Stone use only)**

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**LEED Accreditation**

Number of LEED Certified buildings that your company has worked on: \_\_\_\_\_

Number of LEED Accredited Professionals in your company: \_\_\_\_\_

Number of individuals who have been formally trained to work on "sustainable" projects: \_\_\_\_\_

**LEED Accreditation (For Red Stone use only)**



**Safety**

**List last three (3) years' Experience Modification Rate (EMR):**

20\_\_ 20\_\_ 20\_\_

If EMR is greater than 1.0, include explanation: \_\_\_\_\_

OSHA Recordable Incident Rate: Current year: \_\_\_\_\_ Previous year: \_\_\_\_\_

**Please fill out the below data for the last three (3) years.**

<b>Year:</b>	<b>20__</b>	<b>20__</b>	<b>20__</b>
<b>Total # of fatalities:</b> (Column G of OSHA 300A)	_____	_____	_____
<b>Total # of lost time cases:</b> (Column H of OSHA 300A)	_____	_____	_____
<b>Total # of OSHA recordable cases:</b> (Column G of OSHA 300A)	_____	_____	_____
<b>Total man hours:</b>	_____	_____	_____

Has your company had any OSHA citations, violations, or fines within the last three (3) years?

\_\_\_\_\_ If yes, how many and explain them in detail: \_\_\_\_\_

Do you have a written safety program? YES \_\_\_\_\_ NO \_\_\_\_\_

Safety director is:  No Safety Director  Part-time (Outsourced)  
 Part-time (In-house)  Full-time

Job site safety meeting frequency:  None  Monthly  Weekly  Daily

Do you have a "competent" Safety person assigned to each project? YES \_\_\_\_\_ NO \_\_\_\_\_

Please describe the training, experience and education that make this person competent (For example OSHA 10-hour or construction outreach): \_\_\_\_\_

Hours of safety training per year for workers:  0 to 1  2 to 3  4 to 5  
 6 to 7  8 to 9  10+

Safety inspection frequency:  Daily  Weekly  Monthly  Quarterly

**Safety – EMR (For Red Stone use only)**



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**Insurance**

Do your insurance limits for auto liability, general liability, workers compensation, and umbrella liability insurance meet our minimum requirements outlined in Exhibit A? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of insurance company or carrier: \_\_\_\_\_

Agent: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Insurance (For Red Stone use only)**

**Insurance certificates received (For Red Stone use only)**

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**Payment and Performance Bonding**

Can you provide a payment bond or performance bond for this project? YES \_\_\_\_\_ NO \_\_\_\_\_

**Name of the last project you completed or are currently working on that required a bond:**

Project name: \_\_\_\_\_ Value of bond: \$ \_\_\_\_\_

General contractor: \_\_\_\_\_ GC contact: \_\_\_\_\_

Location: \_\_\_\_\_ Completion date: \_\_\_\_\_

**Company's current bonding capacity:**

Aggregate: \$ \_\_\_\_\_ Single project: \$ \_\_\_\_\_ Bond rate: % \_\_\_\_\_

Name of bonding company: \_\_\_\_\_

Agent name: \_\_\_\_\_ Phone: \_\_\_\_\_

**P and P Bonding (For Red Stone use only)**

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**Legal**

Have any lawsuits been filed by or against this company in the last three (3) years? YES \_\_\_ NO \_\_\_

If yes, please explain: \_\_\_\_\_

Has this company ever operated under another name? YES \_\_\_\_\_ NO \_\_\_\_\_

Has this company ever filed bankruptcy or receivership proceedings? YES \_\_\_\_\_ NO \_\_\_\_\_

Has this company ever failed to complete a project? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Does this company have any uncollected judgments against it? YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**Legal (For Red Stone use only)**



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**Financials**

Were your financial statements prepared by a Certified Public Accountant? YES \_\_\_\_\_ NO \_\_\_\_\_

Bank name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Bank information:**

Total amount of line(s) of credit: \$ \_\_\_\_\_ Unused portion of lines of credit: \$ \_\_\_\_\_

**Financials (For Red Stone use only)**

**Financial statements received (For Red Stone use only)**

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**Suppliers**

Please list three (3) current suppliers.

1. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of account opening: \_\_\_\_\_ Payment terms: \_\_\_\_\_ Pay per terms: \_\_\_\_\_

Twelve month high: \_\_\_\_\_ Current balance: \$ \_\_\_\_\_

2. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of account opening: \_\_\_\_\_ Payment terms: \_\_\_\_\_ Pay per terms: \_\_\_\_\_

Twelve month high: \_\_\_\_\_ Current balance: \$ \_\_\_\_\_

3. Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Account #: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of account opening: \_\_\_\_\_ Payment terms: \_\_\_\_\_ Pay per terms: \_\_\_\_\_

Twelve month high: \_\_\_\_\_ Current balance: \$ \_\_\_\_\_

**Suppliers (For Red Stone use only)**



**Project Experience**

Please check all that apply:  Retail  Commercial  Industrial  
 Residential  Education  Government  Healthcare  Hospitality

Average size job this company performs: \$ \_\_\_\_\_

Average number of projects annually: \_\_\_\_\_

Average size of current projects in progress: \$ \_\_\_\_\_

Number of current projects in progress: \_\_\_\_\_

**Largest single contract completed:**

General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_

GC contact: \_\_\_\_\_

Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_

GC contact e-mail address: \_\_\_\_\_

GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_

**Project experience (For Red Stone use only)**

What was this company's annual volume for the past three (3) years?

20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_ 20\_\_\_\_ \$ \_\_\_\_\_

What is your current value of work on hand? \$ \_\_\_\_\_

**Work on hand (For Red Stone use only)**

**Please list below your three (3) largest most recently completed projects.**

1. General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_

GC contact: \_\_\_\_\_

Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_

GC contact e-mail address: \_\_\_\_\_

GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_

2. General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_

GC contact: \_\_\_\_\_

Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_

GC contact e-mail address: \_\_\_\_\_

GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_



3. General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_  
GC contact: \_\_\_\_\_  
Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_  
GC contact e-mail address: \_\_\_\_\_  
GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_

**Please list below your three (3) largest projects currently under construction.**

1. General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_  
GC contact: \_\_\_\_\_  
Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_  
GC contact e-mail address: \_\_\_\_\_  
GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_

2. General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_  
GC contact: \_\_\_\_\_  
Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_  
GC contact e-mail address: \_\_\_\_\_  
GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_

3. General contractor: \_\_\_\_\_ Completion date: \_\_\_\_\_  
GC contact: \_\_\_\_\_  
Project: \_\_\_\_\_ Contract amount: \$ \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Bonded? \_\_\_\_\_  
GC contact e-mail address: \_\_\_\_\_  
GC phone: \_\_\_\_\_ Number of jobs completed for this contractor: \_\_\_\_\_

**Project references (For Red Stone use only)**



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**Certification**

The undersigned firm certifies that all information provided in this statement is true, correct, accurate, and current as of the date of this statement. The undersigned firm further certifies that it holds all licenses required to perform the scopes of work identified in this statement. The undersigned firm acknowledges and agrees that Red Stone may utilize a third-party administrator to assist with the verification process. The undersigned firm authorizes Red Stone and its employees, agents, and any third-party administrators to contact any person, entity, and/or reference, to verify the information in this statement and to obtain any other information regarding the undersigned firm. The undersigned firm prospectively releases Red Stone and its employees, agents, and any third-party administrators from any claim, damage, loss, expense, or other liability of any kind related to the undersigned firm's disclosure or Red Stone's use of the information in this statement or verification process.

\_\_\_\_\_  
Firm name

Signature: \_\_\_\_\_

Print: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_