



SUBCONTRACTOR/SUPPLIER QUALIFICATION INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION (3 pages) AND RETURN TO US VIA EMAIL OR FAX.
Email: estimating@braun-butler.com Fax: (512) 837-5115

DATE: _____

YOUR COMPANY: Subcontractor/Supplier Name: _____

Physical and Mailing Addresses for Company:

Principals/Officers of Company and Position:

Phone: _____ Fax: _____ Estimating Contact: _____

How long has your company been in business? _____

What form of Company? () Corporation () Partnership () Sole Proprietorship () Subchapter S Corp () Other _____

Has this company ever done business under another name? () Yes () No

If yes, under what name and dates of operation?

Have you or this company ever filed for bankruptcy or receivership proceedings? () Yes () No

Have any lawsuits been filed against you in the past three years? (If yes, please explain on separate sheet) () Yes () No

Do you have any uncollected judgments against you? (If yes, please explain on separate sheet) () Yes () No

What is the average size project you normally undertake? \$

What is the largest single project you have completed? Name of Project:

Dollar Amount: \$

Location:

Completion Date:

Did you bond the job? () Yes () No

What is your approximate annual volume? \$

What types of projects do you normally undertake? () Retail () Commercial () Residential () Industrial () Government

If required, are you able to bond a project? () Yes () No

(If yes, please complete the appropriate information regarding your bonding company and agent on page 3 of this package)

How many field/trade personnel do you currently employ?

Are these individuals () Employees () Leased () Subcontracted

Does your company carry Worker's Compensation Insurance on it's employees? () Yes () No

Does your company carry liability insurance? () Yes () No

(If yes, please attach a copy of your Certificate of Insurance, and complete the information regarding your insurance carrier and agent on page 3 of this package)

What is your current Workers Compensation Experience Modifier? _____ Does your company have a written Safety Program? () Yes () No

YOUR EXPERIENCE: Subcontractor/Supplier Name: _____

PLEASE PROVIDE THE FOLLOWING INFORMATION FOR THE LAST FIVE PROJECTS COMPLETED BY YOUR COMPANY

1. Name of Project _____ Date Completed: _____
Location: _____ Amt of your contract: \$ _____ Was a bond required? () Yes () No
General Contractor's Name: _____ Phone: _____
GC Project Mgr Contact: _____ GC Superintendent Contact: _____
Scope of Work for this project: _____
LEED Certified () Yes () No **LEED Rating** _____
of field personnel at peak? _____ Your Project Manager: _____ Your Foreman: _____

2. Name of Project _____ Date Completed: _____
Location: _____ Amt of your contract: \$ _____ Was a bond required? () Yes () No
General Contractor's Name: _____ Phone: _____
GC Project Mgr Contact: _____ GC Superintendent Contact: _____
Scope of Work for this project: _____
LEED Certified () Yes () No **LEED Rating** _____
of field personnel at peak? _____ Your Project Manager: _____ Your Foreman: _____

3. Name of Project _____ Date Completed: _____
Location: _____ Amt of your contract: \$ _____ Was a bond required? () Yes () No
General Contractor's Name: _____ Phone: _____
GC Project Mgr Contact: _____ GC Superintendent Contact: _____
Scope of Work for this project: _____
LEED Certified () Yes () No **LEED Rating** _____
of field personnel at peak? _____ Your Project Manager: _____ Your Foreman: _____

4. Name of Project _____ Date Completed: _____
Location: _____ Amt of your contract: \$ _____ Was a bond required? () Yes () No
General Contractor's Name: _____ Phone: _____
GC Project Mgr Contact: _____ GC Superintendent Contact: _____
Scope of Work for this project: _____
LEED Certified () Yes () No **LEED Rating** _____
of field personnel at peak? _____ Your Project Manager: _____ Your Foreman: _____

5. Name of Project _____ Date Completed: _____
Location: _____ Amt of your contract: \$ _____ Was a bond required? () Yes () No
General Contractor's Name: _____ Phone: _____
GC Project Mgr Contact: _____ GC Superintendent Contact: _____
Scope of Work for this project: _____
LEED Certified () Yes () No **LEED Rating** _____
of field personnel at peak? _____ Your Project Manager: _____ Your Foreman: _____

SUPPLIERS/VENDORS AND FINANCIAL REFERENCES

Subcontractor/Supplier Name: _____

SUPPLIERS:

1 Name of Company: _____

Contact Name: _____

Telephone #: _____

Account #: _____

2 Name of Company: _____

Contact Name: _____

Telephone #: _____

Account #: _____

3 Name of Company: _____

Contact Name: _____

Telephone #: _____

Account #: _____

SHADED AREAS TO BE COMPLETED BY BRAUN AND BUTLER

Date of acct opening: _____

Payment terms: _____

Pay per terms? () Yes () No

Current balance: \$ _____

Date of acct opening: _____

Payment terms: _____

Pay per terms? () Yes () No

Current balance: \$ _____

Date of acct opening: _____

Payment terms: _____

Pay per terms? () Yes () No

Current balance: \$ _____

FINANCIAL REFERENCES

Bonding

Name of Carrier: _____

Agency: _____

Contact Name: _____

Telephone #: _____

Banking

Name of Bank: _____

Contact Name: _____

Telephone #: _____

Insurance (PLEASE ATTACH A CURRENT CERTIFICATE OF INS)

Name of Carrier: _____

Agency: _____

Contact Name: _____

Telephone #: _____

Bond rate: _____

Date of last bond: _____

Date of account opening: _____

- Workers Comp
- CGL Limits: \$ _____
- Umbrella Liability Limits: \$ _____
- Vehicle
- Additional Insured Endorsement (CG2033 0704 or GC2010 0704 & GC2037 0704)
- Waiver of Subrogation

The information given is true and correct to the best of my knowledge. _____
Officer/Owner Signature Date