



# SUBCONTRACTOR/SUPPLIER QUALIFICATION INFORMATION

PLEASE PROVIDE THE FOLLOWING INFORMATION (3 pages) AND RETURN TO US VIA EMAIL OR FAX.  
Email: [estimating@braun-butler.com](mailto: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**

<b>1. Name of Project</b> _____ 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: _____		
<b>LEED Certified</b> ( ) Yes ( ) No <b>LEED Rating</b> _____		
# of field personnel at peak? _____	Your Project Manager: _____	Your Foreman: _____
<b>2. Name of Project</b> _____ 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: _____		
<b>LEED Certified</b> ( ) Yes ( ) No <b>LEED Rating</b> _____		
# of field personnel at peak? _____	Your Project Manager: _____	Your Foreman: _____
<b>3. Name of Project</b> _____ 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: _____		
<b>LEED Certified</b> ( ) Yes ( ) No <b>LEED Rating</b> _____		
# of field personnel at peak? _____	Your Project Manager: _____	Your Foreman: _____
<b>4. Name of Project</b> _____ 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: _____		
<b>LEED Certified</b> ( ) Yes ( ) No <b>LEED Rating</b> _____		
# of field personnel at peak? _____	Your Project Manager: _____	Your Foreman: _____
<b>5. Name of Project</b> _____ 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: _____		
<b>LEED Certified</b> ( ) Yes ( ) No <b>LEED Rating</b> _____		
# 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