Braun & Butler
CONSTRUCTION

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? _____ **Scope of Work:** _____

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 you 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:

SHADED AREAS TO BE COMPLETED BY BRAUN AND BUTLER

1 Name of Company: _____

Contact Name: _____

Telephone #: _____

Account #: _____

Date of acct opening: _____

Payment terms: _____

Pay per terms? ( ) Yes ( ) No

Current balance: $ _____

2 Name of Company: _____

Contact Name: _____

Telephone #: _____

Account #: _____

Date of acct opening: _____

Payment terms: _____

Pay per terms? ( ) Yes ( ) No

Current balance: $ _____

3 Name of Company: _____

Contact Name: _____

Telephone #: _____

Account #: _____

Date of acct opening: _____

Payment terms: _____

Pay per terms? ( ) Yes ( ) No

Current balance: $ _____

FINANCIAL REFERENCES

Bonding

Name of Carrier: _____

Agency: _____

Contact Name: _____

Telephone #: _____

Bond rate: _____

Date of last bond: _____

Banking

Name of Bank: _____

Contact Name: _____

Telephone #: _____

Date of account opening: _____

Insurance (PLEASE ATTACH A CURRENT CERTIFICATE OF INS)

Name of Carrier: _____

Agency: _____

Contact Name: _____

Telephone #: _____

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

The information given is true and correct to the best of my knowledge. _____

Officer/Owner Signature Date