



1532 Peden · Houston, Texas 77006
P 713.529.3001 · F 713.529.6321
bids@minerdederick.com

SUBCONTRACTOR/SUPPLIER QUALIFICATION INFORMATION

Please provide the following information (3 pages) and return to us via fax to the above number:

Date: _____

YOUR COMPANY:

Name, Physical and Mailing Address for Company:

Phone: _____ Fax: _____

How long has your company been in business? _____

Principals/Officers of Company and Position:

Estimating Contact: _____

What form of company? [] Corporation [] Partnership
[] Sole Partnership [] Subcontractor S Corporation
[] Other _____

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: _____ Was it Bonded? _____

Does your Company have any experience with LEED® projects? [] Yes [] No (If yes, please explain on separate sheet)

What is your approximate annual volume? _____

Approximate total volume currently under contract: _____

What type of projects do you normally undertake? [] Retail [] Commercial [] Residential [] Industrial [] Government

Have you or this Company ever filed for bankruptcy or receivership proceeding? [] Yes [] No

Has this Company ever done business under another name? [] Yes [] No

If yes, under what name and dates of operation? _____

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

How many field/trade personnel do you currently employ? _____

Are these individuals employees, leased or subcontracted? _____

Does your Company carry Worker's Compensation Insurance on its employees? [] Yes [] No

Do you carry liability insurance? [] Yes [] No (If yes, please attached a copy of your Certificate of Insurance, an complete the information regarding your insurance carrier and agent on page 3 of this package)

Do you have a current financial statement prepared by a Certified Public Accountant? [] Yes [] No (If yes, please attached a copy)

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)

Have any lawsuits been filed by or against your Company in the last three years? [] Yes [] No (If yes, please explain on separate sheet)

Subcontractor / Supplier Name: _____

YOUR EXPERIENCE:

Please provide the following information for the last five projects completed by your company:

1. **Name of Project:** _____ Date Completed: _____
Location: _____ Amount of your contract: \$ _____ Was a bond required? [] Yes [] No
General Contractor's Name: _____ Phone #: _____
Project Manager Contact: _____ Superintendent Contact: _____
Project Manager E-Mail: _____ Superintendent E-Mail: _____
Scope of work for this project: _____
of field personnel at peak? ____ Your Project Manager: _____ Your Foreman: _____

2. **Name of Project:** _____ Date Completed: _____
Location: _____ Amount of your contract: \$ _____ Was a bond required? [] Yes [] No
General Contractor's Name: _____ Phone #: _____
Project Manager Contact: _____ Superintendent Contact: _____
Project Manager E-Mail: _____ Superintendent E-Mail: _____
Scope of work for this project: _____
of field personnel at peak? ____ Your Project Manager: _____ Your Foreman: _____

3. **Name of Project:** _____ Date Completed: _____
Location: _____ Amount of your contract: \$ _____ Was a bond required? [] Yes [] No
General Contractor's Name: _____ Phone #: _____
Project Manager Contact: _____ Superintendent Contact: _____
Project Manager E-Mail: _____ Superintendent E-Mail: _____
Scope of work for this project: _____
of field personnel at peak? ____ Your Project Manager: _____ Your Foreman: _____

4. **Name of Project:** _____ Date Completed: _____
Location: _____ Amount of your contract: \$ _____ Was a bond required? [] Yes [] No
General Contractor's Name: _____ Phone #: _____
Project Manager Contact: _____ Superintendent Contact: _____
Project Manager E-Mail: _____ Superintendent E-Mail: _____
Scope of work for this project: _____
of field personnel at peak? ____ Your Project Manager: _____ Your Foreman: _____

5. **Name of Project:** _____ Date Completed: _____
Location: _____ Amount of your contract: \$ _____ Was a bond required? [] Yes [] No
General Contractor's Name: _____ Phone #: _____
Project Manager Contact: _____ Superintendent Contact: _____
Project Manager E-Mail: _____ Superintendent E-Mail: _____
Scope of work for this project: _____
of field personnel at peak? ____ Your Project Manager: _____ Your Foreman: _____

Subcontractor / Supplier Name: _____

SUPPLIERS / VENDORS AND FINANCIAL REFERENCES:

SUPPLIERS:

Boxed areas to be completed by Miner-Dederick

1. Name of Company: _____
Contract Name: _____
Telephone #: _____
Account #: _____

Date of account opening: _____
Payment Terms: _____
Pay per terms? [] Yes [] No
Prev. 12 month high balance: _____
Current Balance \$ _____

2. Name of Company: _____
Contract Name: _____
Telephone #: _____
Account #: _____

Date of account opening: _____
Payment Terms: _____
Pay per terms? [] Yes [] No
Prev. 12 month high balance: _____
Current Balance \$ _____

3. Name of Company: _____
Contract Name: _____
Telephone #: _____
Account #: _____

Date of account opening: _____
Payment Terms: _____
Pay per terms? [] Yes [] No
Prev. 12 month high balance: _____
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 #: _____
Account #: _____

Date of account opening: _____
Current Balance: \$ _____

Insurance

Name of Carrier: _____
Agency: _____
Contact Name: _____
Telephone #: _____

PLEASE ATTACHE A CURRENT CERTIFICATE OF INSURANCE WITH THESE FORMS.