



SUBCONTRACTOR'S QUALIFICATIONS

COMPANY NAME: _____
 UNION _____ OPEN SHOP _____
 TRADE(S): _____
 STREET ADDRESS: _____
 CITY, STATE, ZIP: _____
 BUSINESS PHONE: _____ FAX: _____
 OWNER: _____
 ESTIMATOR: _____
 ADDITIONAL CONTACT(S): _____
 EMAIL: _____
 WEBSITE: _____

1 HOW LONG HAVE YOU BEEN IN BUSINESS UNDER THE CURRENT NAME? _____ (YRS.)

2 ARE THERE PREVIOUS BUSINESSES THAT YOU HAVE OWNED WITHIN THE SAME TRADES?
 YES _____ NO _____ IF YES, PLEASE LIST BUSINESS NAME(S) & LOCATION(S)

3 HOW MANY EMPLOYEES ARE CURRENTLY ON YOUR PAYROLL? _____

4 TYPICALLY, HOW MANY PROJECTS DO YOU HAVE AT ONE TIME? _____

5 WHAT IS YOUR AVERAGE ANNUAL GROSS SALES/REVENUE? _____

6 WHAT NOTABLE PROJECTS HAVE YOU COMPLETED? (LIST 5)

_____	YR.
_____	YR.
_____	YR.
_____	YR.
_____	YR.

7 WHAT PERCENTAGE OF YOUR WORK HAS BEEN COMMERCIAL? _____ RESIDENTIAL? _____

8 WHAT GENERAL CONTRACTORS HAVE YOU PERFORMED WORK FOR? (LIST 5 W/CONTACT NAMES)

9 LIST CURRENT SUPPLIERS:

10 IS YOUR COMPANY IN GOOD STANDING WITH ALL SUPPLIERS?

YES NO IF NO, PLEASE EXPLAIN:

11 LIST LARGEST JOB PERFORMED: (NAME AND \$ AMOUNT)

12 TO WHAT GEOGRAPHICAL AREAS DO YOU TYPICALLY TRAVEL?

13 LIST LAST (3) MECHANICS LIENS FILED (BY PROJECT, REASON, CONTRACTOR/OWNER) OR NONE

14 DOES YOUR COMPANY HAVE ANY CURRENT LITIGATION, EITHER AS PLAINTIFF OR DEFENDANT?

YES NO IF YES, PLEASE EXPLAIN:

15 DOES YOUR COMPANY HOLD ANY OF THE FOLLOWING DESIGNATIONS?

MBE MINORITY BUSINESS ENTERPRISE

WHAT JURISDICTION (LOCAL, STATE, ETC...) IS THIS CERTIFICATION? _____

LIST NAME AND CERTIFICATE #: _____

WBE/FBE WOMEN/FEMALE BUSINESS ENTERPRISE

WHAT JURISDICTION (LOCAL, STATE, ETC...) IS THIS CERTIFICATION? _____

LIST NAME AND CERTIFICATE #: _____

EDGE ENCOURAGING DIVERSITY, GROWTH AND EQUITY

WHAT JURISDICTION (LOCAL, STATE, ETC...) IS THIS CERTIFICATION? _____

LIST NAME AND CERTIFICATE #: _____

DBE DISADVANTAGED BUSINESS ENTERPRISE

WHAT JURISDICTION (LOCAL, STATE, ETC...) IS THIS CERTIFICATION? _____

LIST NAME AND CERTIFICATE #: _____

16 WHAT ARE YOUR GENERAL LIABILITY INSURANCE LIMITS? (\$\$) _____

17 PLEASE ATTACH CURRENT BUREAU OF WORKER'S COMPENSATION CERTIFICATE.

PLEASE RETURN COMPLETED FORM BY EMAIL, FAX OR MAIL TO:

Bennett Construction Management, Inc.

275 West Market Street

Akron, OH 44303

330.761.2213 330.761.2267 (f)

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