



SUBCONTRACTOR QUALIFICATION OUTLINE

8428 Quarry Road, Suite 101, Manassas VA 20110 Phone (703) 368-3500 Fax (703) 368-7119

Firm Name: _____

Mailing Address: _____

Shipping Address: _____

Telephone: _____ Facsimile: _____

Federal Employer Identification Number (FEIN): _____

Contractor's VA State License Number: _____ Class: _____

Is your firm's address also a residential address? Yes No

Firm Type: Corporation Partnership Sole Proprietorship Joint Venture Other

Does your firm have union affiliations? Yes No

Is your firm a minority-owned business? Yes No DBE WBE MBE HUB SWAM

Minority Certification # _____ Expiration Date _____

Owners or Major Stockholders: _____

Name of President: _____ Years in Position: _____

Name of Vice President (s): _____ Years in Position: _____

Name of Treasurer: _____ Years in Position: _____

Date the firm was organized in its present form and ownership: _____

Have there been any recent (2 years or less) changes in ownership or management? Yes No *(if yes, explain on a separate sheet)*

Name of Bonding Company: _____

Name of Bonding Agent: _____ Telephone: _____

If required, can a Payment and Performance Bond be obtained for this project? Yes No

Maximum Bonding Capacity: \$ _____ Single Project Bonding Capacity: \$ _____

Bond Premium Rate: _____ % Largest Bond obtained in the last three (3) years: \$ _____

Dun & Bradstreet Rating: _____

Bank Reference: _____

Name of Contact: _____ Telephone: _____

Is the firm now, or has it ever been involved in bankruptcy proceedings? Yes No

Is the firm now, or has it ever been involved in reorganization proceedings? Yes No

Are there any pending or outstanding judgements, claims, or suits? Yes No

Has your firm ever failed to complete a contract? Yes No

(If the answer is yes to any of the above questions, please explain on a separate sheet)

Total Value of Work currently under Contract (Backlog) \$ _____

Annual sales and work in place volume for last three (3) years:

<u>Year</u>	<u>Work in Place/Revenue</u>	<u>Sales</u>
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____
_____	\$ _____	\$ _____

Current Number of Employees on Payroll (total): _____

_____ Office Employees

_____ Field Superintendents

_____ Field Tradesmen

Current Workers Compensation Experience Modification Rate Factor (EMR): _____

Name of Insurance Company: _____

Name of Insurance Agent: _____ Telephone: _____

Please Attach a Copy of Insurance Certificate

Describe recent similar project experience (past 3 years) including contacts, addresses, and telephone numbers:

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor: _____

Contact: _____ Telephone: _____

Address: _____

Project Name/Location: _____

Description of Work: _____

Your Contract Amount: \$ _____

General Contractor or Owner: _____

Contact: _____ Telephone: _____

Address: _____

Trade References

Company Name _____ **Contact** _____

Phone _____ **Fax** _____

Company Name _____ **Contact** _____

Phone _____ **Fax** _____

By signing this statement, I, _____, duly authorized
(Name)

As _____ of _____, affirm and certify that
(Title) (Company name)

the information herein is accurate, and also entitle R. E. DAFFAN, Inc. to contact references and names contained in this questionnaire.

Date

Signature