



Ever Construction

Prequalification:

Subcontractor Qualification form will allow Ever Construction to verify the qualifications and capabilities of the Subcontractor to perform the trades work. Please provide the information requested. If additional information is available, please attach it with the Prequalification form.

Please forward all completed information to the following:

Ever Construction
2515 Fabens Road
Dallas, TX 75229

Or

By Fax: 972-484-3502

Or

Email: ever@everconstruction.com

Subcontractor Pre-Qualification Application

Ever Construction Corp.'s policy is to ask subcontractors to complete this qualification form, before we include subcontractors to our company database. Please complete the following to the best of your ability. If you are a supplier please provide recent data on project for which you have supplied material.

Company Information:

Date: _____

Company Name: _____

Address: _____

City / State / Zip: _____

Company CSI / Trade: _____

Contact Information:

Name: _____ **Fax:** _____

Job Title: _____ **Cell Phone:** _____

Phone: _____ **Email:** _____

Company Miscellaneous:

Annual Volume: _____ **Years in Business:** _____

Annual Volume (prior year) _____ **Largest Contract:** _____

Corporation, Sole Proprietor or LLC: _____ **Geographic Location:** _____

Please list any past defaults from GC's

Does your firm have a Substance Abuse Program? Yes / No Circle one

Does your firm have a Safety Program? Yes / No Circle one

Surety and Bonding Information:

Surety Company: _____

Bonding Rate: _____

Per Project Bonding: _____

Capacity: _____

Aggregate Bonding: _____

***** Please attach a letter from your surety broker detailing the name of your bonding company, your bonding capacity and your bonding rate.**

Financial Information:

Federal Tax ID No.: _____

If Self Employed SSN: _____

***** Please attach a copy of your most recent Financial Statement. Subcontractor must provide this or no further consideration will be made. All information will be kept confidential.**

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Company Officers, Employment and Insurance

Labor Status:

(Union, Non-Union, Both): _____

Disadvantaged

Business Status:

Certifying Agency /
Certification No.:

Minority

Women

Disadvantaged

Other

HUB Certification

Yes / No

No.

Company Officers:

Name

Title

- 1. _____
- 2. _____
- 3. _____

Current Employees:

Management:

Trades People:

Insurance Information:

<u>Insurance Type</u>	<u>Amount of Coverage</u>
General Liability	_____
Workers Compensation	_____
Automobile Liability	_____
Excess Liability	_____

Must include Endorsement for Waiver of Subrogation.

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Current Insurance Certificate showing your limits must be attached

Experience Modification Rate (EMRs):

- 2010 _____
- 2009 _____
- 2008 _____

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References

Please provide references and description for four (4) representative projects that your firm has completed in the last five (5) years. Projects should be comparable to this project.

Project Descriptions:

Project Name: _____
Project Owner: _____
Project CM/GC: _____
Contact Person/Title: _____
Contact Phone No.: _____ FAX No.: _____
Contract Price: _____ Contact Email: _____
City / State / Country: _____ Completion Date: _____

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