



Pivotal Construction
 4030 Lake Washington Blvd NE, Ste 200
 Kirkland, Washington 98033
 Phone: (425) 968-5381

SUBCONTRACTOR QUALIFICATION FORM

All subcontractors must complete this form.

GENERAL COMPANY INFORMATION:

Legal Company Name:			
Street Address:		Mailing address:	
City, State, Zip:		City, State, Zip:	
Main Office Phone:		Main Office Fax:	
Contractor License No:		State Tax No. (UBI):	
DBA:		Parent Company:	
Company Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC			
Officers/Partners/Principals:			Signature Authority
Name:	Title:	Contracts	Change Orders
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Date of Origination:		Other/Former Name:	
M/W/D/B/E Certifications:		Certifying Agency(s):	
Key Contact:		Email:	
Phone:		Fax:	
Emergency Contact:		Email:	
Business Phone:		Cell:	

TRADE INFORMATION:

Scopes Bid:	CSI/Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI/Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI/Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Scopes Bid:	CSI/Div:	<input type="checkbox"/> Self-Performed <input type="checkbox"/> Subcontracted
Union Contractor: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Union:	Local No.	Agreement Expires:
Union:	Local No.	Agreement Expires:
Union:	Local No.	Agreement Expires:

BONDING/SURETY INFORMATION:

Surety Name:	
Bonding Agent Company/Contact Name:	
Mailing Address:	
City, State, Zip:	
Phone No:	Fax No:
Bonding Capacity Per Job:	Bonding Capacity Aggregate:
Bond Premium Rate:	Date of Last Bond Issued:



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INSURANCE INFORMATION:

Please indicate your current policy limits for each of the following coverages:

Description	Amount	Amount	Amount
General Liability			
General Aggregate			
Each Occurrence			
Products – Completed Ops			
Personal & Advertising Injury			
Automobile Liability (Any Auto)			
Washington Stop Gap (EL Liability)			
Excess Liability			
Contractors Pollution Liability			
Professional Liability			
Does your policy's general aggregate limit apply separately to each project?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are defense costs excluded from the general aggregate limit?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Please indicate your General Liability Policy form:			<input type="checkbox"/> Claims Made or <input type="checkbox"/> Occurrence
Do your current General Liability, Excess Liability, and Auto Liability policies allow for endorsement to name the project Owner as an additional insured, stipulating that the insurance afforded to the additional insured shall apply as primary to any other insurance carried by them?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will the insurance afforded by the additional insured be applied on a non-contributory basis to any insurance carried by them?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide a Waiver of Subrogation endorsement?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your policy limit additional insured coverage to "ongoing operations"?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Please indicate your firm's primary point of contact for insurance related issues:

Name:		Title:	
Phone:		Fax:	
Email:			

IMPORTANT

Please attach a SAMPLE Certificate of Insurance to evidence coverage stated together with a SAMPLE of the Additional Insured Endorsement stipulating primary coverage used by your carrier.

SAFETY INFORMATION:

IMPORTANT

Please attach OSHA 300A LOGS TO THIS DOCUMENT.

Washington State Labor & Industries Workers' Compensation Experience Modification Rate (EMR) for the three most recent years:

20	Rate:	20	Rate:	20	Rate:
In the last three (3) calendar years:		20	20	20	
How many man-hours did your employee's work?					
How many recordable accidents did your firm have?					
How many restricted (light duty) workday cases did your firm have?					



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How many lost day cases did your firm have?			
Total number days away from work for lost day cases			
What was your firm's incident rate for recordable accidents? (OSHA recordable accidents x 200,000 / man-hours worked)			
What was your firm's incident rate for time loss claims? (Lost workday incidents x 200,000 / man-hours worked)			

Average No. of Employees:		Have you been cited by OSHA / WISHA in the last 5 years:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written Safety Program? (Must be available for review upon request)			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a return to work / light duty program?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company have a written substance abuse / testing policy?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Will your company use any lower-tier subcontractors:			<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, attach list with company name and contact.			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your company review the safety management systems of your lower tier-subcontractors?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Does your project Superintendent(s) have 1st Aid/CPR certification?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Safety Program Managers Name or Contact Person:			
Title:		Cell Phone:	
Email:		Office Phone:	

FINANCIAL INFORMATION:

State your firm's projected total revenue for current year and actual total revenue for each of the previous three years.

20	\$		20	\$		20	\$	
Has your company or any of its owners, officers or major shareholders ever petitioned for bankruptcy, been terminated on a contract or failed to complete work awarded it?								<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain below:								
Is your company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation or have any outstanding judgments or claims against it?								<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, explain below:								

List of Owner and/or General Contractor references, including contact names whom we may call:

OWNER / GENERAL CONTRACTOR REFERENCES			
Owner / General Contractor	Contact Name	Phone	Email
TRADE REFERENCES			
Major Supplier / Tier Sub	Contact Name	Phone	Email



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List current, ongoing projects with approximate contract amount and anticipated completion date or attach separate list. (Attach a separate sheet as needed):

WORK IN PROGRESS SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

Please list projects undertaken in the last three years. (Attach a separate sheet as needed):

COMPLETED WORK SCHEDULE			
Project	Contract Amount	Projected Completion	General Contractor

IMPORTANT Please attach your last 2 years audited, compiled or reviewed financial statements to the end of this form.

SUBCONTRACTOR/SUPPLIER/VENDOR SMALL BUSINESS CERTIFICATION

Legal Company Name:			
Street Address:		Date:	
City, State, Zip:		Main Office Phone:	
Primary Contact Person:		Main Office Fax:	
Email address:		Signature:	
DUNS Number:		Federal Tax ID Number:	

Is the company qualified: Your business may qualify for more than one description below. Please check all that apply to your business. For further information and clarification please visit <http://www.sba.gov/size>

<input type="checkbox"/>	Small Business Based on dollar amount by trade. See NAICS Codes Compared to CSI Code Sheet to confirm.
<input type="checkbox"/>	Small Disadvantaged Business (SDB) Subcontractors who are small-disadvantaged business concerns, including ANC's and Indian tribes. Socially Disadvantaged Individuals who have been subject to racial or ethnic prejudice or cultural bias within Asian Pacific Americans, Subcontinent Asian Americans, and Native Americans (American Indians,



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<input type="checkbox"/>	Eskimos, Aleuts, or American society because of their identification as members of certain groups. African Americans, Hispanic Americans, Native Hawaiians). Economically Disadvantaged Individuals whose ability to compete in the free enterprise system has been impaired due to diminished capital and credit opportunities as compared to others in the same or similar line of business who are not socially disadvantaged (SBA determines on case-by-case basis).
<input type="checkbox"/>	Women-Owned Small Business (WOSB) Small business subcontractors 51% owned by women.
<input type="checkbox"/>	Veteran-Owned Small Business (VOSB) Small business subcontractors 51% owned by veterans.
<input type="checkbox"/>	Service-Disabled Veteran-Owned Small Business (SDVOSB) Small business subcontractors 51% owned by service-disabled veterans.
<input type="checkbox"/>	Small Business Administration HUBZone Certified - Certification Number required Subcontractors who are HUBZone (Historically Underutilized Business Zone) small business concerns located in economically distressed communities in order to increase employment opportunities, stimulate capital investments in those areas, and empower communities through economic leveraging – HUBZone area are determined by various census data. Must be a SB, principal office must be located within HUBZone, owned and controlled by one or more U.S. citizen and at least 35% of its employees must reside in a HUBZone – Must be certified by SBA.
<input type="checkbox"/>	8(a) Certified - Certification Number – required proof of SBA Certification SBA’s 8(a) Business Development Program offers a broad scope of assistance to socially and economically disadvantaged firms; it was created to help eligible small, disadvantaged businesses become independently competitive in the federal procurement market. A firm must be 51% owned and controlled by a socially and economically disadvantaged individual(s) to be eligible for the 8(a) Program, be a qualified SDB, be in business for at least 2 years and must be certified by SBA.
<input type="checkbox"/>	Alaska Native Corporation or Indian Tribe
<input type="checkbox"/>	Other Small Business Affiliations:
<input type="checkbox"/>	Large Business

ACKNOWLEDGMENT:

IMPORTANT Reviewing subcontractor financial information is an important and necessary part of the qualification process. We recognize the proprietary and confidential nature of these documents. Your information is confidential and will not be shared with anyone.

The following signature is from an authorized representative of the company and attests to the accuracy of the information provided above. I understand that submitting this document does not guarantee approval or award of projects.

Printed Name: _____

Date: _____

Title: _____

Signature: _____

Date: _____