



HYPHEN

CONSTRUCTION GROUP

1701 N Greenville Ave Suite 503

Richardson, TX 75081

P. 972.907.8777

F.972.692.8943

SUBCONTRACTOR QUALIFICATIONS FORM GENERAL INFORMATION

Please fill out and fax all forms to us to get pre qualified with us.

Company Legal Name: _____

DBA: _____

Mailing Address: _____

City, State and Zip: _____

Shipping Address: _____

City, State and Zip: _____

Telephone: Fax: _____

Email Address: Website: _____

Other Branches or Offices: _____

Locations and Phone Numbers: _____

Parent Company: _____

Address: _____

City, State and Zip: _____

Telephone: Fax: _____

Email Address: Website: _____

Organization:

Corporation Partnership Individual Joint Venture

Incorporation State: Incorporation Date: _____

Length of time in business: Under Current Name: Under Other Name: _____

Federal Identification Number: _____

License Information: _____

License Name License Number State Issued by _____

Type of Business:

- Architect General Contractor Subcontractor Construction Manager Inspector Agency Vendor Consultant Other

List any subsidiary companies:

What divisions of work do you perform?

- 01 General Requirements
 02 Site Construction
 03 Concrete
 04 Masonry
 05 Metals
 06 Wood and Plastics
 07 Thermal & Moisture Protection
 08 Doors and Windows
 09 Finishes

What specific CSI Specification Sections do you perform?

Geographic Areas of Operation:

- 10 Specialties
 11 Equipment
 12 Furnishings
 13 Special Construction
 14 Conveying Systems
 15 Mechanical
 16 Electrical
 17 Voice and Data

Is your firm a minority certified business? Yes No

Type of certification: MBE WBE DBE SBE

Classification certified by: _____

States certified by: Counties certified by: _____

Cities certified by: _____

Number of employees: Please fill out below.

Office: _____ Field: _____ Full-Time: _____ Project
Managers: _____ Estimators: _____

Method of Operation: Please fill out below.

Union Non-Union

CONTACTS

Principals/Officers: _____

Name Title Percent of Ownership _____

Estimating Contact:

Name: _____ Phone: _____ Email: _____

Safety Contact:

Name: _____ Phone: _____ Email: _____

Emergency Contact:

Name: _____ Phone: _____ Email: _____

LEGAL INFORMATION

Has your company failed to complete any contracts/work awarded to you?

Yes No If yes, please explain on a separate page

Has your company been involved in bankruptcy or reorganization?

Yes No If yes, please explain on a separate page

Are any of your officers, stockholders or key members or any related companies involved in any litigation, disputes, or any judgments pending or rendered?

Yes No If yes, please explain on a separate page

BANK AND FINANCIAL INFORMATION

Bank Name: _____

Bank Address: _____

City, State and Zip: _____

Representative Name: _____

Telephone: Fax: _____

Total Volume of sales performed for each of the previous five years:

Year 2008 \$ _____ 2007 \$ _____ 2006 \$ _____ 2005 \$ _____

Approximate value of equipment owned by your company: _____

BONDING AND INSURANCE

Insurance requirements:

The Subcontractor shall purchase and maintain insurance of the following types of coverage and limits of liability:

Type of insurance Limits of liability

General Liability \$1,000,000.00

Workers Compensations \$ 1,000,000.00

Automobile Coverage \$1,000,000.00

Umbrella Liability \$1,000,000.00

You will need to submit a copy of your standard insurance certificate showing coverage and limits with this form.

Can your firm meet the requirements (see our insurance requirements): Yes No

If no, please explain:

Is your company bondable? Yes No

Bonding

Company: _____

Bonding Capacity: Total: Per Job? _____

Value of work presently bonded? _____

Contact Name: _____

Surety Company: _____

REFERENCES

Please list five trade references with contact names and phone numbers:

1] _____
2] _____
3] _____
4] _____
5] _____

Please list three general contractors/construction managers for whom your company has worked within the past two years:

1] _____
2] _____
3] _____

SAFETY HISTORY

How many lost days did your company have last year? _____

Average lost work days over the last three years: _____

How many medical treatments did your company have last year: _____

Average number of medical treatments over the last three years: _____

How many fatalities did your company have last year: _____

Average number of fatalities over the last three years: _____

Experience Modification Rate for the past three years:

Year Rate

2008 _____

2007 _____

2006 _____

Do you comply with the drug free work act? Yes No

Do you have a written safety policy/program? Yes No

Have you been cited by OSHA for an OSHA defined serious violation in the past three years?

Yes No

If yes, please explain on a separate piece of paper.

Feel free to attach any other information which you feel is applicable for our review.

PROJECT INFORMATION

Maximum single contract value awarded to your company: _____

Average contract amount: _____