

# SUBCONTRACTOR PRE-QUALIFICATION APPLICATION

## GENERAL INFORMATION

**Company Name:** \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact: \_\_\_\_\_ Mobile: \_\_\_\_\_

Office Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

After Hours #: \_\_\_\_\_ Years in Business: \_\_\_\_\_

Email: \_\_\_\_\_

Tax ID: \_\_\_\_\_ D & B #: \_\_\_\_\_

HUB Status: : \_\_\_\_\_ HUB Cert. #: \_\_\_\_\_

Scopes of Work Performed *(please include descriptions of what you self-perform and what you sub-out):*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Licensed to Perform Work in (states & trades): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

License Number(s): *(please attach copy)* \_\_\_\_\_

\_\_\_\_\_

### **TYPE OF BUSINESS:**

CORPORATION, Year established: \_\_\_\_\_ Years under Owner: \_\_\_\_\_

PARTNERSHIP, Date of Organization: \_\_\_\_\_

Type:  General  Limited  Association

SUPPLIER, Year Co. was est: \_\_\_\_\_ Years under present Owner: \_\_\_\_\_

OTHER, Describe: \_\_\_\_\_

Have you ever done business under any other name?  Yes  No

If yes, list name(s): \_\_\_\_\_

Has there been any change in ownership in the last 3 years?  Yes  No

If yes, list name(s): \_\_\_\_\_

## FINANCIAL INFORMATION

### **BANK REFERENCE**

Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Unsecured Line of Credit Limit: \_\_\_\_\_

How much presently owing? \_\_\_\_\_

Average balance: \_\_\_\_\_

Have you ever factored or assigned your accounts receivable?  Yes  No

If yes, what year(s)? \_\_\_\_\_

Annual Sales Last Three Years: \$ Year (2009) \_\_\_\_\_

\$ Year (2008) \_\_\_\_\_ \$ Year (2007) \_\_\_\_\_

*\*Attach a full Financial Statement for the latest full calendar year (this should be CPA audited)*

Have you ever filed for bankruptcy?  Yes  No If Yes, When: \_\_\_\_\_

### **CREDIT REFERENCES:**

**Reference # 1:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Customer since: \_\_\_\_\_ Terms of sale: \_\_\_\_\_

Date of last sale: \_\_\_\_\_ Average order: \$ \_\_\_\_\_

**Reference # 2:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Customer since: \_\_\_\_\_ Terms of sale: \_\_\_\_\_

Date of last sale: \_\_\_\_\_ Average order: \$ \_\_\_\_\_

**SURETY COMPANY:** (Attach letter from bonding company on bonding company letterhead)

Name of Surety Co.: \_\_\_\_\_

Agent Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Bonding Capacity: \_\_\_\_\_

**INSURANCE:** (attach current Certificate of Insurance with D.Honore as additional insured)COVERAGE TYPE LIMITS

Workmen's Compensation: \_\_\_\_\_

General Liability: \_\_\_\_\_

Excess / Umbrella Liability: \_\_\_\_\_

Automobile Liability: \_\_\_\_\_

**LEGAL/SAFETY ISSUES:** (Please answer all questions)Has your organization has been a part of litigation or formal arbitration in the past five years inclusive of unsettled litigation or arbitration?  Yes  No

If yes, please list all: \_\_\_\_\_

Has your organization had any safety violations in the past 5 years?  Yes  No

If yes, please list all: \_\_\_\_\_

**WORK/PROJECT INFORMATION****TYPES OF ROJECTS:**Check All That Apply:  Residential  Commercial  Restaurants  Schools Medical  Governmental  Civil  Other \_\_\_\_\_

Average job size: \$ \_\_\_\_\_ Largest job size: \$ \_\_\_\_\_

Have you ever failed to complete any work awarded to your firm?  Yes  No

If yes, please list all owners, projects, description of work, and the circumstances involved:

\_\_\_\_\_

\_\_\_\_\_

**WORK IN PROGRESS:**

Job Name	Location	Owner	Contract Amount	Scheduled Completion Date

**COMPLETED WORK:**

Job Name	Location	Owner	Contract Amount	Completion Date

**WORK REFERENCES:**
**Reference # 1:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

**Reference # 2:** \_\_\_\_\_

Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

 I, \_\_\_\_\_, as \_\_\_\_\_, of \_\_\_\_\_,
   
(print name) (position) (company)

do hereby swear that all information in this form are true and correct.

 \_\_\_\_\_
   
(signature)

 \_\_\_\_\_
   
(date)

## Subcontractor Pre-Qualification Reference/Credit Check

Authorization is hereby granted to D.Honore Construction, Inc., herein called DHC, to obtain the requested information pertaining to the below named company's credit and job performance, including but not limited to, a consumer credit report through a credit reporting agency chosen by DHC.

I understand and agree that DHC intends to use the consumer credit report and reference questions for the purposes of evaluating my readiness and capabilities of becoming a qualified subcontractor. I understand that the information obtained will be retained on file at the DHC office for use only by DHC staff. This information will not be disclosed to anyone by DHC without my written consent.

My signature below authorizes the release of bank, credit and professional references, which I have supplied to DHC in connection with such an evaluation.

**SIGNING BELOW GRANTS PERMISSION FOR THE RELEASE OF INFORMATION FROM THE LISTED BANK, CREDIT & PROFESSIONAL REFERENCES.**

Applicant's Name (Printed) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

Company Name \_\_\_\_\_ Da \_\_\_\_\_

te \_\_\_\_\_

Below To Be Completed By Reference

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TO: \_\_\_\_\_

You have been listed as a reference for the above named company. Please provide answers to the questions below as they pertain to your relationship with the aforementioned company.

**BANK REFERENCES:**

Opening Date of Account: \_\_\_\_\_ Average Balance: \_\_\_\_\_  
 # of NSF's: \_\_\_\_\_ Line of Credit:  Yes  No  
 LOC Credit Limit: \_\_\_\_\_ LOC Current Balance: \$ \_\_\_\_\_  
 Your bank rating of this customer:  Excellent  Good  Average  Poor

**CREDIT REFERENCES:**

Customer since: \_\_\_\_\_ Terms of sale: \_\_\_\_\_  
 Date of last sale: \_\_\_\_\_ Average order: \$ \_\_\_\_\_  
 Customer pays:  Promptly  Slowly Average days to pay: \_\_\_\_\_  
 History of billing disputes:  Yes  No History of returned checks:  Yes  No  
 Your credit rating of this customer:  Excellent  Good  Average  Poor

**WORK REFERENCES:**

Has this company met a high standard of quality of its work on projects?  Yes  No  
 Did the project supervisor solve field problems as they occurred?  Yes  No  
 Was the budget for this subcontractor maintained?  Yes  No  
 Were construction schedules maintained in a timely manner?  Yes  No  
 Would you contract with this company again in the future?  Yes  No

\_\_\_\_\_  
 Name & Title (Printed)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

We appreciate your reference of this subcontractor. Once you have completed this form, please fax it to 225.751.3079. If you prefer to e-mail this form can be sent to [monica@dhonore.com](mailto:monica@dhonore.com).

Should you have any questions or concerns, please do not hesitate to contact me.

Sincerely,

Monica Fernandez  
 Pre-Construction Services/Business Development