

CONCORDE

SUBCONTRACTOR QUALIFICATION FORM

Thank you for your interest in working with Concorde Construction Co. Please complete the following information and submit for review. In addition to the completed form, you will need to provide the following documentation:

- **Copy of current license valid in the state the project is located**
- **Past 3 years audited financial statements**
- **Certificate of insurance (see page 4 for requirements)**
- **Copy of W9**
- **Resumes for lead operational personnel**

Please submit completed form and above documentation to bwilbourn@concordeconst.com. Failure to provide complete information may delay the qualification process.

GENERAL INFORMATION

Company Name:

Years in Business:

Address:

Trade:

Is your company a Subsidiary? YES NO

If Yes, please list the Parent Company:

Is the business privately owned? YES NO

If yes, provide current owner(s) name(s):

Is your company Certified as any of the following? MWBE MBE WBE DBE

Billing contact name:

Billing phone number: Billing Email Address:

Tax ID Number:

PROJECT INFORMATION *(relevant for state of project location)*

License Number:

You will also be required to provide a copy of your license.

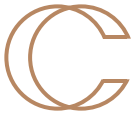
Sales Tax Number (if applicable):

Registered with the State Dept. of Revenue or Secretary of State? YES NO

WAY. BETTER.

8809 Lenox Pointe Drive, Suite F, Charlotte, NC 28273
P: 704.583.2116 | F: 980.297.7208

www.concordeconst.com



SIMILAR PROJECT REFERENCES

PROJECT NAME	GENERAL CONTRACTOR	SIZE (SF.)	AMOUNT OF SUBCONTRACT

Ability to Bond this Size Project? YES NO

Bonding Rate % per

Project Experience (check all that apply)

Commercial / Office

Hospitality

Industrial

Institutional

Interiors

Mixed-Use

Multi-Family

Parking Garages / Decks

Please provide your average annual percentage of commercial and residential projects:

% Commercial Projects

% Residential Projects

Size of Projects: SF to

SF

FINANCIAL INFORMATION

Banking Reference:

Address:

Phone Number:

Contact:

Bonding Company:

AM Best Rating:

Phone Number:

Contact:

Trade References

1. Company:

Phone Number:

Contact:

2. Company:

Phone Number:

Contact:

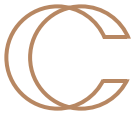
3. Company:

Phone Number:

Contact:

Any litigation/arbitration involving current projects or projects in the last five years? YES NO

If yes, please provide details including the parties involved, nature and amount of the dispute(s).



SAFETY AND LOSS CONTROL INFORMATION

List your firm's Experience Modification Rate (EMR) for the current year and past three years.

Year	EMR	Year	EMR
Year	EMR	Year	EMR
Has your company been cited by OSHA over the last five years?	YES	NO	
If yes, please attach explanation including date, location and citation.			
Do you have a written Safety Program?	YES	NO	
Does your company policy require regular site safety meetings?	YES	NO	
If so, how often and who attends?			
Does your company have a safety officer?	YES	NO	
If no, who oversees safety and to what extent?			
Do you conduct documented safety inspections?	YES	NO	
Does main office personnel visit the job site?	YES	NO	
Do you have trained "Competent Persons" in the following areas?			
Fall Protection	YES	NO	
Excavation	YES	NO	
Electrical	YES	NO	

INSURANCE REQUIREMENTS

Concorde Construction Co.'s insurance requirements must be provided prior to performing work on the site.

Workers Compensation – Statutory Limits.

General Liability – \$1,000,000 Minimum per Occurrence; \$2,000,000 General Aggregate, X,C & U must be certified, if applicable.

Automobile Liability – \$1,000,000 each occurrence.

Commercial Umbrella – Must be at least \$2,000,000 and umbrella coverage must list as additional insureds on the CGL.

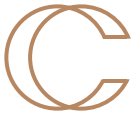
Professional Liability – \$1,000,000 (only if providing design services).

Insurance is Primary, not excess.

Concorde Construction Co. to be listed as an additional insured under General Liability and Automobile Liability policies.

30-day Notice of Cancellation working as follows: "Should any of the above described policies be canceled or materially changed before the expiration date, thereof, the issuing company will mail 30 days written cancellation notice to the certificate holder names at left".

Waiver of subrogation: Auto Liability, General Liability, Workers Compensation.



BILLING / PAYMENT INFORMATION

The following are requirements for payment:

1. A signed W-9 is required prior to payment.
2. Progress invoices must be submitted or accompanied by a Sub Pay App G702-3 form, which includes a partial lien waiver. (Provided via the subcontract package.)
3. Original insurance certificates must be in accounting or premiums for Concorde Construction Co. coverage will be withheld from checks.
4. You may be subject to state withholdings requirements if you are not registered with the Department of Revenue or the Secretary of State of the project location.
5. A Joint Check Agreement for all sub-subcontracts or supply contracts in excess of \$10,000.00.
6. For release of retainage or final payment, a final lien waiver for the total contract amount is required. This may be conditional unless the owner has different requirements.
7. A sales tax certification will be required for tax-exempt owners.

The above information is true and accurate, dated this day of, 20 .

By: _____

Print Name:

Title: