



Subcontractor Qualification Form

Contact Information

Firm Name: FEIN #:
President's Name:
Contact's Name: Contact's Title:
Address:
City: State: ZIP:
Phone: Cell:
Fax:
Email:

Business Information

Primary Function: Supplier Contractor Service Firm Other
Trade Areas:
Years Established: Bonding Capacity (Single/Aggregate) & Agent:
Average Job Size: Sales 2014: Sales 2015: Sales 2016:
Largest Contract: Projected Sales 2015:
Union / Non-Union: Union Affiliations:
Union Locals:
Experience Modification Rating: Dun & Bradstreet No.
Insurance Agent/Carrier & Limits:
Banking Organization:

Business References

Minimum of (4): One reference must be from a Bank.

- 1.)
2.)
3.)
4.)

*Provide a list of completed projects similar to the project proposed.

Subcontractor Questionnaire

- 1.) Has your organization, or any principal ever sought protection under bankruptcy or receivership laws? Yes___ No_____

If so, please note when, why and explain in detail.

- 2.) Has your organization, or any principal, ever failed to complete any work awarded to you or has your firm ever defaulted on a performance bond? Yes_ _____ No_____

If so, please note when, why and explain in detail.

- 3.) Has your organization, or any principal, ever failed to pay laborers, subcontractors, suppliers, etc., or has your firm ever defaulted on a payment bond? Yes_____ No_____

If so, please note when, why and explain in detail.

- 4.) Can you meet Schramm's insurance coverage(s)? Yes_ No_____

GL \$1,000,000.00 Worker's Compensation \$1,000,000.00
Auto \$1,000,000.00 Umbrella \$5,000,000.00
Do you carry Waiver of Subrogation? Yes_____ No___
These requirements will need to be in place for the duration of the work and for (3) years after completion.

- 5.) Are you currently involved in any pending lawsuits? If yes, indicate how many and provide a court reference number for each. Yes ___ No___
No. _____ Court Reference No. _____
No. _____ Court Reference No. _____
No. _____ Court Reference No. _____

I certify that all information provided in this document is true and accurate.

By: _____ (Signature must be by an Officer of the
company)

Print Name and Title: _____ Date: _____

Upon completion, please send to:

Address: 3520 Swenson Avenue, St. Charles, IL 60174

Email: estimating@schrammconstruction.com

Fax: 630.584.1550