SUBCONTRACTOR QUALIFICATION FORM

DONAHUEFAVRET
CONTRACTORS, INC

3030 East Causeway Approach
Mandeville, LA 70448
985-626-4431
800-626-4431 Toll-Free
985-626-3572 Fax
donahuefavret.com

DATE: _____

COMPANY NAME: _____ ***PHONE NO.:*** _____

PHYSICAL ADDRESS: _____ ***FAX NO.:*** _____

_____

WEBSITE ADDRESS: _____

E-MAIL ADDRESS: _____

WEBSITE: _____

CONTACT NAME: _____

To whom it may concern,

We have either recently received a sub bid proposal from you or have heard of your work through the industry.

In order to allow us to better understand your capabilities we would appreciate you completing the following qualification statement for our records.

1. OWNERSHIP:

OWNER/OWNERS OF COMPANY

FULL NAME *ADDRESS* *PHONE #*

_____

_____

2. TYPE OF WORK PERFORMED:

_____

_____

Interoffice Use Only:		**Approved by VP of Pre Con:**	
Requested by:		**Date:**	
Current Project:		**Database Entry:**	
Trades by Div/Section:			
Insurance Approved by Insurance Clerk:			

3. HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS AS A SUBCONTRACTOR? _____

3A. HOW MANY YEARS HAS YOUR ORGANIZATION BEEN IN BUSINESS UNDER ITS PRESENT NAME? _____

3B. WHAT PERCENTAGE OF WORK DOES YOUR COMPANY PERFORM WITH ITS OWN FORCES? _____

3C. HOW MANY FIELD EMPLOYEES DOES YOUR COMPANY CURRENTLY EMPLOY? _____

3D. HOW MANY OFFICE EMPLOYEES DOES YOUR COMPANY CURRENTLY EMPLOY? _____

3E. DO YOU QUALIFY AS A MINORITY BUSINESS ENTERPRISE (MBE) ? YES { } or NO { }

DO YOU QUALIFY AS A WOMAN BUSINESS ENTERPRISE (WBE) ? YES { } or NO { }

DO YOU QUALIFY AS A DISADVANTAGE BUSINESS ENTERPRISE (DBE) ? YES { } or NO { }

3F. UNION STATUS? UNION { } OR MERIT SHOP { }

4. LIST YOUR COMPANY'S ANNUAL VOLUME FOR THE LAST THREE YEARS?

YEAR 1 $ _____ **(most recent year)**

YEAR 2 $ _____

YEAR 3 $ _____

4A. *VALUE OF LARGEST CONTRACT:* $ _____

4B. *TOTAL VALUE OF WORK NOW UNDER CONTRACT AND COMPLETE TO DATE:* $ _____

4C. *TOTAL VALUE OF WORK NOW UNDER CONTRACT AND NOT COMPLETE TO DATE:* $ _____

5. ARCHITECT/ENGINEER REFERENCES:

FIRM NAME	*CITY & STATE*	*CONTACT PERSON*	*PHONE #*

6. GENERAL CONTRACTOR REFERENCES:

CONTRACTOR'S NAME	*CITY & STATE*	*CONTACT PERSON*	*PHONE #*

7. LIST CONTRACTOR'S LICENSE #'s IN ALL STATES YOU ARE WILLING TO PERFORM WORK:

State:				
License #:				

8. COMPLETED PROJECTS:

JOB NAME	*JOB LOCATION*	*GEN. CONTRACTOR*	*DATE COMPLETED*	*DOLLAR VALUE*
				$
				$
				$
				$
				$
				$
				$
				$
				$

9 CREDIT REFERENCES:

CONTACT	*VENDOR NAME*	*PHONE NUMBER*	*AMT. OF CREDIT LINE*

10. BONDING INFORMATION:

CAN YOU PROVIDE A PERFORMANCE BOND? _____

NAME, ADDRESS & TELEPHONE # OF YOUR BONDING COMPANY:

_____

CONTACT PERSON: _____

BONDING CAPACITY $ _____

11. INSURANCE REQUIREMENTS

Submit a copy of your insurance certificate with this completed form.
A sample of our insurance REQUIREMENTS is attached for your agents use.
Your form WILL NOT be considered until this certificate is received.

I hope that this information will lead to a mutually beneficial relationship between your firm and ours.

Cordially,
DONAHUEFAVRET CONTRACTORS, INC.