



## Subcontractors Qualification Form

Thank you for your interest in working for Versacon. Please complete the following questions and return to Versacon at [ap@versaconinc.com](mailto:ap@versaconinc.com).

### General Business Information

Legal Business Name: \_\_\_\_\_

Date of incorporation: \_\_\_\_\_

Address \_\_\_\_\_

Phone Number: \_\_\_\_\_

Type of work performed by organization: \_\_\_\_\_

Duns number: \_\_\_\_\_

### Please answer the following questions. If yes, use space provided to provide detail.

Has your organization ever failed to complete any work awarded to it?      Yes       No

\_\_\_\_\_

Are there any judgements, claims, arbitration proceedings or suits pending or outstanding against your organization?      Yes       No

\_\_\_\_\_

Has your organization filed any lawsuits or requested arbitration regarding your construction contracts with in the last 5 years?      Yes       No

\_\_\_\_\_

Within the last 5 years has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?      Yes       No

\_\_\_\_\_

State your organizations average annual revenue performed during the last 5 years:

\_\_\_\_\_

### Organization Contacts:

Owner/President/CEO:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Accounting or Contracts:  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Financing:**

Attach the most recent year-end financial statement, preferably audited or reviewed- including your organizations latest balance sheet and income statement.

**Bank Reference:**

Bank Name \_\_\_\_\_  
Point of Contact \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

**Surety:**

Name of bonding company: \_\_\_\_\_  
Bonding capacity: \_\_\_\_\_  
Name of agent: \_\_\_\_\_

If available, please provide a bonding letter. If not provided, this may be required at a later date.

**Safety:**

EMR Score \_\_\_\_\_

Please fill out the attached Safety Pre-Qualification Form

**Licensing:**

List trade category licenses:

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

**References:**

List 1 to 2 trade references:

Business Name \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Business Name \_\_\_\_\_  
Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

## Subcontractor Safety Pre-Qualification

Bidder:	Phone:
Address:	Fax:
City:	SIC #:
State / Zip	Years in business:

**INSTRUCTIONS:** Complete all requested information blocks. If you fail to provide the information as requested it may affect your ability to bid on this project. If you feel the information requested is not applicable to your company put N/A in the information block and explain on a separate sheet of paper your reason for this. 📎 indicates that supporting documentation needs to be attached.

1. **List your firm's interstate Experience Modification Rate (EMR) for the last 6 years**

Current year	20__	20__	20__	20__	20__	19__

*Use your OSHA logs to provide the following information in questions 3 - 8*

	Current year	20__	20__	20__	20__	20__
2. Total man-hours worked including overtime (in 000's)						
3. Total # of OSHA recordable cases						
4. # of lost workday cases						
5. # of lost workdays						
6. # of cases with job transfer or restriction						
7. # of days of restricted work activity						
8. # of fatalities						

***If any fatalities are listed please explain circumstances*** (use separate sheet if necessary):