



Subcontractor Qualification

Q&D Construction LLC
1050 S. 21st Street, Sparks, NV 89431 • (775) 786-2677

703.1

Company and Contact Information

Company's legal name _____

DBA (if applicable) _____

Trade or Scope _____

Number of office employees _____ Number of field employees _____

Year established _____ State where established _____

Structure (corp, sole partnership, etc) _____

Main office address _____

Phone _____ Fax _____

Other office address (if different than above) _____

Phone _____ Fax _____

Other locations (list city & state) _____

Principals

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Name _____ Title _____ Phone _____

Qualification main contact (for follow-up on this form) Name _____ Phone _____

E-mail _____ Fax _____

Estimating main contact (for bid related correspondence) Name _____ Phone _____

E-mail _____ Fax _____

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Industry Information

Contractor's License(s)

NV State License No. _____ Class \$ _____ Expiration _____

CA State License No. _____ Class \$ _____ Expiration _____

Other state licenses _____

Have any of your company's licenses ever been revoked or suspended? Yes No

If Yes, please explain *(include dates)* _____

Has your company been disciplined or fined by another state or federal agency for conduct that relates to contracting or construction? Yes No

If Yes, please explain *(include dates)* _____

Preferred geographical work areas _____

Minority, Small, or Disadvantaged

Business Status *(if none enter "none")* _____

Current Workload and Schedule

<u>Project Name</u>	<u>Location</u>	<u>Contractor</u>	<u>Contract \$</u>	<u>Anticipated Completion</u>

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References

List 3 trade references with whom you have worked in the last year

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>
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List 3 General Contractors with whom you have worked in the last year

<u>Name</u>	<u>Address</u>	<u>Contact</u>	<u>Phone</u>
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List any Union Agreements you are signatory to _____

Safety Information

	<u>Current Year</u>	<u>Last Year</u>	<u>Two Years Ago</u>
Experience Modification Rate	_____	_____	_____
If EMR is exactly 1.0 please explain	_____		

Self-insured for Workers Comp? Yes No

Do you have a written safety plan? Yes No

OSHA 300 Information <i>(use logs to complete)</i>	<u>Last Year</u>	<u>Two Years Ago</u>	<u>Three Years Ago</u>
Number of lost workday cases	_____	_____	_____
Number of restricted workday cases	_____	_____	_____
Number of injuries-illnesses recordable	_____	_____	_____
Number of fatalities	_____	_____	_____
Total number of man hours worked	_____	_____	_____

Do you have a Drug Testing Program? Yes No

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Financial Information

Volume &

Backlog *Enclose last fiscal year's financial statements (Income Statement and Balance Sheet)*

Average annual volume \$ _____ NV Contractor's License limit \$ _____

Largest Contract

Last year \$ _____ General Contractor _____

Two years ago \$ _____ General Contractor _____

Three years ago \$ _____ General Contractor _____

Work currently under contract \$ _____ Backlog volume \$ _____

Banking *Enclose bank letter of reference attesting the account is in good standing (you are not required to provide bank balance or account numbers)*

Primary bank name _____

Bank officer's name _____ Phone _____

Line of credit \$ _____ Unused portion \$ _____ Expiration date _____

Bonding *Enclose a bonding company statement (not your broker or insurance company) attesting to capacity and limits (indicate if none)*

Bonding capacity Single job \$ _____ Aggregate \$ _____

Largest bond obtained in the last 3 years \$ _____

Bonding co _____ Contact person _____

Phone _____ E-mail _____

Broker _____ Contact person _____

Phone _____ E-mail _____

Bonding company best rating _____

Is your bonding company treasury listed? Yes No

Other

Federal tax ID _____

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Litigation Information

Please attach a separate letter to this form to explain any "YES" answers.

- 1. Has your company been terminated from a contract before completion? Yes No
- 2. Has your firm been declared to be in default on any contract before completion? Yes No
- 3. Has a settlement been paid by your firm in excess of \$25,000? Yes No
- 4. Has there been a judgment rendered for breach of contract in the last 5 years? Yes No
- 5. Has the company been disqualified from being awarded a contract by a public body? Yes No
- 6. Has the company been convicted of a violation for discrimination in employment in the 2 years preceding the date of application? Yes No
- 7. Has the company ever been fined by a state contractor's board or another state or federal agency? Yes No
- 8. Has your company filed as debtor under the provisions of the United States Bankruptcy Code within the last 5 years? Yes No
- 9. Has your company forfeited any bonds posted by the company in the last 5 years? Yes No
- 10. Have liquidated damages been assessed against your firm in the last 5 years? Yes No
- 11. In the last 10 years, has your firm or any of its owners, officers or partners, been found liable in a civil suit, or convicted/found guilty in a criminal action: (a) involving the awarding of a contract of a government construction project, (b) involving the bidding or performance of a government contract, (c) involving fraud, theft or any other act of dishonesty, including but not limited to the Federal False Claims Act? Yes No

Applicant's Certification

I, the undersigned, as an Owner or Officer of the applicant company, certify and declare that I know the contents of all documents submitted pursuant to the Q&D Subcontractor Qualification process, have read the foregoing answers to the Qualification Form 703.1, and enclosed required attachments and know their contents. The matters contained in, or submitted pursuant to the Qualification Form 703.1 and all documents submitted herewith, are true of my own knowledge and belief. I declare that the foregoing is true and correct.

Signed _____ Date _____

Name _____ Title _____

Submit Application to lgray@qdconstruction.com, or call 775.353.7046 with questions.