



## Subcontractor Qualification Questionnaire

All responses to this questionnaire are strictly confidential.

Required fields are marked with a blue triangle (▼).

If you have any questions, please contact our Qualification Team @ 847-214-6490 or e-mail [qualifications@powerconstruction.net](mailto:qualifications@powerconstruction.net)

### Company Headquarters Information

Federal Tax ID: ▼	<input type="text" value="SUBCONTRACTOR"/>	Year Company Founded ▼	<input type="text"/>
Company Name: ▼	<input type="text"/>		
Legal Name (only if different than the Company Name above)	<input type="text"/>		
Address: ▼	<input type="text"/>	Contact / Position ▼	<input type="text"/>
Suite:	<input type="text"/>	Phone (xxx/xxx-xxxx) ▼	<input type="text"/>
City: ▼	<input type="text"/>	Toll Free (xxx/xxx-xxxx)	<input type="text"/>
State ▼	<input type="text" value="▼"/>	Fax (xxx/xxx-xxxx) ▼	<input type="text"/>
Zip ▼	<input type="text"/>	E-mail ▼	<input type="text"/>
Country	<input type="text"/>		

**Branch Offices:** (Enter all your branch office(s) and bid contact names)

[Add Row](#)

**Indicate what region your company does work in:** ▼

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Select All Regions                | <input type="checkbox"/> DuPage County, IL | <input type="checkbox"/> McHenry County, IL |
| <input type="checkbox"/> Cook County, IL (within Chicago)  | <input type="checkbox"/> Kane County, IL   | <input type="checkbox"/> Will County, IL    |
| <input type="checkbox"/> Cook County, IL (outside Chicago) | <input type="checkbox"/> Lake County, IL   |   |
| <input type="checkbox"/> DeKalb County, IL                 |  |   |



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### General Information

**License Information:** Enter your company's contractors license information

Jurisdiction▲	Type	License Number	Expiration Date
N/A ▼			

Remove Row  
Add Row

#### Minority Business Enterprise Status:

Minority Owned Business Enterprise  
 Woman Owned Business Enterprise  
 Other

Is your firm signatory to any unions?  Yes  No

**Trade Information:**

07 92 00 - Joint Sealants ▲	Remove Row
▲	Remove Row

Add Row

**Certifying Agency Names:**

▲	Remove Row
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**Union Affiliations**

Local 0001 - Chicago Laborers District Council ▲	Remove Row
▲	Remove Row
▲	Remove Row

Add Row



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**Insurance Information**

To review the insurance requirements for Power Construction Company, LLC, click the link [SubBiddingInsReqs-2014.pdf](#)

Insurance Broker Name:  GL Policy Expiration Date:

We have reviewed the attached documents and we fully meet the Insurance Requirements  Yes  No

If you have checked No, then please check from the list below, the Insurance Requirements you DO NOT MEET.

Limits less than required

Aggregate limits do not apply separately per project

Carrier rated less than A-/VII by A.M. Best

Not able to supply blanket certificate of insurance

Policy does not include blanket waiver of subrogation

**Safety Information (OSHA Form 300A Must Be Attached)**

Does your company have a written safety program?  Yes  No

Does your company have a written substance abuse policy?  Yes  No

Does your company hold site safety meetings?  Yes  No How Often?

Does your company have a written training program?  Yes  No

Does your company conduct project site safety inspections?  Yes  No How Often?

Does your company have a written discipline program?  Yes  No

Does your company have a safety representative?  Yes  No Contact/Position:

Year	Citations	EMR	RIR	LTIR	FHW	ANE	Fatalities
2015	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
2014	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>
2013	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text"/>

[Add Row](#)

**Citations** - Please enter number of OSHA Citations received during that year (citations, not violations)  
**EMR** - Experience Modification Rate. Your Workers Comp carrier should have this information  
**RIR** - Recordable Incident Rate - Add columns I & J from the OSHA 300A form.  
**LTIR** - Lost Time Incident Rate - Column H from the OSHA 300A form  
**FHW** - Total hours worked by all employees - located on right hand side of OSHA 300A form  
**ANE** - Annual Number of Employees - located on right hand side of OSHA 300A  
**Fatalities** - Column G from OSHA 300A form



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### Surety Information

Is your Company Bondable?  Yes  No

Surety Company

Broker (Agency) Name

Phone (xxx/xxx-xxxx)

Single Project Bonding Capacity

Aggregate Project Bonding Capacity

Current amount under bond today

### Financial Information

Financial Year Ending: 2015  Add Year

Legal Entity Type

Year Company Founded 2018

Fiscal Year End Date Jan  1

Subsidiary Names: 1.

2.

3.

4.

5.

Parent Organization

Has Your Company Ever Filed Bankruptcy?  Yes  No

Accounting Firm

Does your company have a Contractor Score?  Yes  No Score:

Effective Date (XQYYYY):

Previous Company Names: 1.

2.

3.

4.

5.

If Yes, explain:

Financial Format:

Financial information must be attached. This information will be held in strict confidence for the purpose of Subcontractor Qualification only.

Amount Line Of Credit

Against Line Of Credit

Highest Dollar Project Ever Awarded

Average Project Size

Direct all questions to our Qualification Team @ 847-214-6490 or e-mail [qualifications@powerconstruction.net](mailto:qualifications@powerconstruction.net)

### Company Officers:

Company Officer Name	Title	Action
<input type="text"/>	CEO	<a href="#">Remove Row</a>
<input type="text"/>	CFO	<a href="#">Remove Row</a>
<input type="text"/>	<input type="text"/>	<a href="#">Remove Row</a>
		<a href="#">Add Row</a>



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Financial Information			
Enter information for a contact in your company who can answer specific questions about your Financials:			
Contact Name: *	Phone (xxx/xxx-xxxx) *	Fax (xxx/xxx-xxxx)	
Title/Position: *	E-mail *		
<b>Bank Reference:</b>			
Name of Bank: *	Phone (xxx/xxx-xxxx) *		
Contact Name: *	Fax (xxx/xxx-xxxx)		
Title/Position: *	E-mail *		

Litigation Information		If yes, please enter a brief description
Has your organization ever failed to complete any awarded work? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization had any judgements placed against them in the last 3 years? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization ever had their business license revoked or suspended? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization ever been terminated from a contract? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization ever paid any liquidated damages? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization ever been placed in default of a contract? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization ever had any labor law, EEOC or any other labor agency violation or citation is sued? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Are any officers or principals of your organization individually involved in any legal proceedings or suits? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has your organization ever filed a law suit in regards to a performance and/or payment matter either with another Subcontractor, General Contractor or Owner within the last five years? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>
Has any officer or principal of your organization ever been an officer or principal of another organization that failed to complete, was terminated or placed in default of an awarded contract? *	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="text"/>

Trade References						
Company Name: *	Address *			Contact Name: *	E-mail *	Remove Row
City *	State *	Zip *	Phone (xxx/xxx-xxxx) *			
Company Name: *	Address *			Contact Name: *	E-mail *	Remove Row
City *	State *	Zip *	Phone (xxx/xxx-xxxx) *			
Company Name: *	Address *			Contact Name: *	E-mail *	Remove Row
City *	State *	Zip *	Phone (xxx/xxx-xxxx) *			
<a href="#">Add Row</a>						



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### Attachment Instructions:

The following list of attachments should be submitted with your application. Each document should be attached separately and should include the document title and your company name.

1. Three (3) years of financial statements and corresponding notes prepared by a third party. The most recent statement should represent a period ending within the last 6 months. Please title this document "Financial-[Subcontractor Name]".

**IMPORTANT - To ensure the confidentiality of your financial information, please check the Financial Attachment checkbox located at the right side of the line. For all other attachments, leave unchecked.**

2. Sample Certificate of Insurance evidencing your current coverage and limits. Please title this document "Insurance-[Subcontractor Name]".

3. Statement advising of your aggregate and per-project bonding capacity along with your surety (bonding) companies legal name. Please title this document "Bonding-[Subcontractor Name]".

4. A letter from your insurance company or agent indicating your Workers Compensation EMR (Experience Modification Rate) history for the last 3 years. Please title this document "EMR-[Subcontractor Name]".

5. OSHA300A reports for each of the last three EMR periods. Please title this document "OSHA300A-[Subcontractor Name]".

6. A signed copy of your company's Form W-9 indicating current legal name and address. Please title this document "W9-[Subcontractor Name]".

7. A list of current work in progress and corresponding backlog. Please title this document "WIP-[Subcontractor Name]".

8. A letter from each agency certifying your company as a minority or woman owned business enterprise. Please title these documents "MWBE-[Subcontractor Name]".

**NOTE - You will not be able to submit your application without an attachment.**

Attachments	Add Row
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