



## Subcontractor Qualification Form

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

DBA/Fictitious  
Business Name: \_\_\_\_\_

**If operating or contracting under a DBA, please supply a copy of the current  
Fictitious Business Name Statement with this form.**

Trade: \_\_\_\_\_

Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_

  X   Initial Qualification

- ~ All information requested on this form is required to be considered eligible for participation on a Pankow project. Failure to accurately complete the entire form will result in immediate disqualification. Those subcontractors with timely and complete Qualification Forms may receive preferred status during the qualification process.
- ~ All "first time" Pankow subcontractors (have not worked with Pankow in the last ten years) with subcontracts over \$250,000 SHALL BE BONDED.  
Subcontracts over \$25,000 must complete Sections 1-8.  
Subcontracts under \$25,000 shall not complete this form unless requested to do so.
- ~ Pursuant to Exhibit 9 of the Standard Subcontracts and Exhibits, all information is used for a period of one year from the submission date. All subcontractors must submit updated information at least once every 12 months if they are still working on a Pankow project (through payment of retention). Updated financials may be requested more often if those submitted are in excess of 9 months.

**Section 1. Company Information**

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contractor license issued in (State): \_\_\_\_\_

Contractor license number: \_\_\_\_\_

Contractor license expiration date: \_\_\_\_\_

**\* Must attach a copy of license.**

**Section 2. Contact Information**

Primary contact: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Section 3. Company Statistics**

Current number of employees: \_\_\_\_\_

How many years has the company been in operation? \_\_\_\_\_

**Section 4. Company Safety Record**

Please attach:

    Last three (3) years OSHA 300A forms

    Last three (3) years EMR worksheets issued by the WCIRB, NCCI or insurance carrier

    A copy of your company's safety program (IIPP)

Please answer the following questions:

    Name of your Safety Director: \_\_\_\_\_

    Does this person have other duties besides safety? Yes \_\_\_\_\_ No \_\_\_\_\_

    Does the Safety Director have a dedicated support staff? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 5. Project History**

Please provide GC references for 3 prior projects completed within the last twelve months:

Project 1: \_\_\_\_\_ Owner: \_\_\_\_\_

    Subcontract Value: \_\_\_\_\_

GC Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project 2: \_\_\_\_\_ Owner: \_\_\_\_\_

    Subcontract Value: \_\_\_\_\_

GC Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

Project 3: \_\_\_\_\_ Owner: \_\_\_\_\_

    Subcontract Value: \_\_\_\_\_

GC Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

**Pankow Projects:**

Have you worked for Pankow in the last three years? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list Pankow projects: \_\_\_\_\_

**Section 6. Surety Information**

Surety Company: \_\_\_\_\_

How long have they been your surety provider? \_\_\_\_\_

Current available bonding capacity: \_\_\_\_\_

Surety Company contact person: \_\_\_\_\_

Phone #: \_\_\_\_\_

Can you bond this project? Yes \_\_\_\_\_ No \_\_\_\_\_

**Section 7. Company Financial Information**

Revenue for the last three fiscal years:

Year:

\_\_\_\_\_

Revenue:

\_\_\_\_\_

In order to qualify for participation on a Pankow project each subcontractor MUST provide a copy of the MOST RECENT audited or reviewed financial statements for a 12-month period **(including the Balance Sheet, Income Statement, Statement of Cash Flows and Footnotes)** of the CONTRACTING ENTITY only (financial statements for parent companies or affiliates will not be accepted unless the parent/affiliate is a named guarantor in the subcontract document).

**\*\*\*If financial statements (above) are in excess of nine months, the subcontractor MUST also submit the latest quarterly internal financial statement package that is certified by an officer of your firm on the form below:**

Date of Interim financials: \_\_\_\_\_

I, as an officer of the above referenced company, hereby certify that the attached interim financial package represents a true and accurate picture of our financial position as of the date above.

Signed \_\_\_\_\_

Printed Name/Title \_\_\_\_\_

Date submitted \_\_\_\_\_

Dunn & Bradstreet Number: \_\_\_\_\_

## **Section 8. Insurance Certificates**

Please attach copies of insurance certificate(s) evidencing the following coverage.

Minimum levels of coverage are shown ( ):

Workers' Compensation:

- **Statutory Limits**
- **Employers Liability (\$1MM each occ., \$1MM disease each employee, \$1MM disease policy limit)**

Primary General Liability:

- **\$1,000,000 each occurrence**
- **\$1,000,000 for personal injury liability**
- **\$2,000,000 aggregate for products / completed operations**
- **\$2,000,000 general aggregate**

Automotive Liability:

- **\$1,000,000 combined single limit**

Umbrella Liability:

- **\$2,000,000 per occurrence/aggregate minimum**
- **Pankow will require higher limits based on specific trades and project exposures – see standard subcontract form, exhibit 7, Insurance Requirements, section 2.3)**

Cancellation Wording:

- **30 Day Notice**