



2009 Springhill Drive
 Valdosta, Ga. 31601
 Phone (229)506-6876 Fax (229)506-6879

SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

General Description of Work:

TYPE OF WORK

- Subcontractor Turnkey
- Subcontractor Labor Only
- Supplier Material Only
- Other

TYPE OF COMPANY

- Corporation
- Partnership
- Individual
- LLC
- Sub S Corporation

COMPANY NAME, PHONE & FAX #	
EMPLOYER IDENTIFICATION NUMBER	
STREET ADDRESS	
CITY, STATE, ZIP CODE	
MAILING ADDRESS	
CITY, STATE, ZIP CODE	
PRINCIPLE CONTACT, TITLE & EMAIL	
PRINCIPLE CONTACT OFFICE & MOBILE NUMBER	
ESTIMATING CONTACT & EMAIL	
ESTIMATING CONTACT OFFICE & MOBILE NUMBER	
COMPANY WEB ADDRESS	
DATE & STATE OF INCORPORATION	
OTHER NAMES YOUR COMPANY HAS OPERATED UNDER THE LAST 5 YEARS	
SUBMITTED BY	

The submitting agent certifies that the information provided within this document is true and sufficiently complete so as not to be misleading.

1. LICENSING

1.1 Minority Business Enterprise

Check all that apply and list the Certifying Agency and the Certification Number

- Minority _____
- Woman Owned _____
- Disadvantaged _____
- Veteran _____
- Other (specify) _____

1.2 State Licenses

List all states where properly licensed & attach copies of all applicable licenses.

2. INSURANCE – Minimum limits required. Contract requirements may vary.

2.1 General Liability

- Each Occurrence \$1,000,000
- Damage to Rented Premises \$100,000
- Medical Expenses (each person) \$10,000
- Personal & Adv Injury \$1,000,000
- General Aggregate \$2,000,000
- Products/Completed Operation Aggregate \$2,000,000

2.2 Automobile Liability

Combined Single Limit \$1,000,000 applied to all owned autos, hired autos & non-owned autos

2.3 Worker’s Compensation & Employer’s Liability

- EL Each Accident \$500,000
- EL Disease – Each Employee \$500,000
- EL Disease – Policy Limit \$500,000

Limits must apply to statutory limits for ea state & waiver of subrogation provided

2.4 Umbrella

- Each Occurrence \$1,000,000
- Aggregate \$1,000,000

2.5 Additional Insured – Great Southern, LLC to be listed as additional insured &

supplied with minimum 30 day cancellation notice. A certificate must be provided per project listing the project name and address.

Can you provide insurance based on the above requirements? Yes No

3. SAFETY

3.1 Describe your safety program and training. (Attach document)

3.2 Provide worker compensation experience modification rate for the past five years:

YEAR	RATE	CARRIER

3.3 Provide number of OSHA Citations for the past five years:

YEAR	CITATIONS	REASONS

4. EXPERIENCE

4.1 List the divisions of work that your organization performs:

4.2 Claims and Suits. Provide explanation for yes answers.

4.2.1 Has your organization ever failed to complete any work awarded?

4.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

4.2.3 Has your organization filed any lawsuits or requested arbitration regarding construction contracts within the last five years?

4.3 List major projects your organization currently has in progress:

PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:
PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:
PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	% COMPLETE:
ARCH:	GENERAL CONTRACTOR PHONE:	SCHEDULED COMPLETION DATE:

4.4 List major projects your organization has completed within the past five years:

PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	SCOPE OF WORK PERFORMED:
PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	SCOPE OF WORK PERFORMED:
PROJECT NAME:	GENERAL CONTRACTOR:	CONTRACT AMOUNT:
OWNER:	GENERAL CONTRACTOR CONTACT:	DATE OF COMPLETION:
ARCH:	GENERAL CONTRACTOR PHONE:	SCOPE OF WORK PERFORMED:

ATTACH ANY ADDITIONAL CURRENT OR PAST PROJECTS AS DEEMED NECESSARY

4.5 List your company's annual volume for the past five years:

<u>Year</u>	<u>Volume</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

4.6 Enter the value range for the scope of work your company is interested in pursuing.
 Project Size min \$ _____
 Project Size max \$ _____

5. REFERENCES

5.1 Trade References:

FIRM:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	EMAIL:
FIRM:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	EMAIL:
FIRM:	ADDRESS:	PHONE:
CONTACT:	CITY, STATE, ZIP:	EMAIL:

6. ADDITIONAL INFORMATION:

- 6.1 List total number of field employees that your company currently employs.
- 6.2 List total number of office employees that your company currently employs.
- 6.3 What percentage of work does your company perform with its own forces?
- 6.4 What geographical area will you travel for work?

7. CHECKLIST

- 7.1 Is a copy of your General Contractor's License for all applicable states attached?
- 7.2 Is a copy of your Subcontractor's License for all applicable states attached?

- 7.3 Is a Certificate of Insurance attached?
- 7.4 Is a copy of your State Tax ID attached? (For Material Suppliers Only)
- 7.5 Is a copy of your W-9 attached?
- 7.6 Is a description of your safety program and training attached?