



OWREY

CONSTRUCTION

Subcontractor Qualifications

Thank you for your interest in working with Owrey Construction. Please complete the following Subcontractor Qualifications and return to our office via mail or email.

Owrey Construction
20152 Kuykendahl Road
Spring, TX 77379
info@owreyconstruction.com

Date of Response: _____

Name of Company: _____

Address: _____

Is the above address the Main Office Branch Office Regional Office

If Branch / Regional Office: _____

Name of Parent Company: _____

Address of Parent Company: _____

Phone Number: _____ Fax Number: _____

Website: _____

Individual Contacts:

Contact: _____

Contact: _____

Contact: _____

Position: _____

Position: _____

Position: _____

Phone: _____

Phone: _____

Phone: _____

Cell: _____

Cell: _____

Cell: _____

Email: _____

Email: _____

Email: _____



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List of Trades:

(Attach additional pages if needed)

CSI Code	Description of Scope of Work

List the geographical locations in which your company currently works:

Is Company a

- Corporation
 Partnership
 Individual
 Joint Venture
 Other
 MBE
 WBE
 DBE
 HUB
Certified By: _____

** Please attach copies of all certifications*

Year Company was Started: _____ Years Under Current Name: _____
Date of Incorporation: _____ State of Incorporation: _____

Under what other names has your organization operated?

List the corporate officers, partners, proprietors, members, shareholders, etc. (Attach additional list if needed)

Name	Position



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How many people are currently employed with your organization? _____

List the jurisdictions and trades categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable. (Attach additional list if needed)

State	License or Registration Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

List the categories of work that your organization normally performs with its own forces:

Has your organization ever failed to complete any work awarded to it? If yes, please explain in detail. Attach additional pages if needed.

Are there any judgment, claims, arbitration or suits pending or outstanding against your organization or any of its officers? If yes, please explain in detail. Attach additional pages if needed.

Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years? If yes, please explain in detail. Attach additional pages if needed.



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Has your organization or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you? If yes, please explain in detail. Attach additional pages if needed.

Have any of the owners, officers or major stockholders of your organization ever been indicted or convicted of a felony or other criminal conduct? If yes, please explain in detail. Attach additional pages if needed.

Has your organization ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations? If yes, please explain in detail. Attach additional pages if needed.

Please list and explain any litigation brought against your company in the past five (5) years claiming that you failed to make payments. Please explain in detail. Attach additional pages if needed.

List all Unions which you have agreements with:

Local Number	Union Name	Agreement Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is the largest contract your organization has ever completed?

Amount: \$ _____ Year: _____ Project Name: _____

Project Scope: _____



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What is your expected volume this year? \$ _____

Check all the building types your organization has worked on:

- | | | |
|---|--|--|
| <input type="checkbox"/> High-Rise Office Building | <input type="checkbox"/> Corporate Interiors | <input type="checkbox"/> Institutional (Government, Education) |
| <input type="checkbox"/> Mid-Rise Office Building | <input type="checkbox"/> Rental Facilities | <input type="checkbox"/> Tiltwall |
| <input type="checkbox"/> Hotel / Hospitality | <input type="checkbox"/> Sports / Entertainment | <input type="checkbox"/> Parking Structures |
| <input type="checkbox"/> Hospital / Healthcare | <input type="checkbox"/> Industrial Building | <input type="checkbox"/> Design-Build / Design Assist |
| <input type="checkbox"/> Residential | <input type="checkbox"/> Laboratories / Research | |
| <input type="checkbox"/> Other (Please List): _____ | | |

State the average annual amount of construction work performed during the past five years:

20__ : _____ 20__ : _____
 20__ : _____ 20__ : _____
 20__ : _____

Attach a list of major projects your organization has completed in the past five (5) years. Give the name of the project, location, general contractor, owner, architect, contract amount, date of completion, and percentage completed using your own forces.

Attach a list of major projects in progress. Give the name of the project, location, general contractor, owner, architect, contract amount, percent complete, and the scheduled completion date.

Attach a list of construction experience and present commitments of the key individuals of your organization.



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References:

Please provide a minimum of three supplier references

Company: _____	Company: _____	Company: _____
Contact: _____	Contact: _____	Contact: _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____

Please provide a minimum of three contractor references

Company: _____	Company: _____	Company: _____
Contact: _____	Position: _____	Position: _____
Phone: _____	Phone: _____	Phone: _____
Email: _____	Email: _____	Email: _____

Name of your Bank:

Contact: _____

Address: _____

Phone: _____

Email: _____

Name of your Bonding Company:

Contact: _____

Address: _____

Phone: _____

Email: _____

Name of your Agent:

Contact: _____

Address: _____

Phone: _____

Email: _____



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Dun and Bradstreet Number: _____

Bonding Capacity:

Per Project: \$ _____ Aggregate: \$ _____

Current Backlog: \$ _____

Please provide sample copies of your organization's insurance certificates and complete the limits below:

	Company Name:	Per Occurrence	Aggregate
General Liability:	_____	_____	_____
Auto Liability:	_____	_____	_____
Excess Liability:	_____	_____	_____

Workers Compensation Statutory Texas Coverage? Yes No

Attach a current financial statement, preferably audited, including your organization's latest balance sheet and income statement showing the following items:

- Current Assets (e.g., cash, joint venture accounts, accounts receivable, notes receivable, accrued income, deposits, material inventory, and prepared expenses);
- Net Fixed Assets and any Other Assets;
- Current Liabilities (e.g., accounts payable, notes payable, accrued expenses, provision of income taxes, advances, accrued salaries, and accrued payroll taxes);
- Other Liabilities (e.g., capital, capital stock, authorized and outstanding shares par values, earned surplus and retained earnings).

Name, address, and phone number of firm preparing the attached financial statement:

Name: _____

Contact: _____

Address: _____

Phone: _____

Is the attached financial statement for the identical organization named on page one? If no, please explain in detail the fiduciary responsibility of the organization whose financial statement is provided:

Will the organization whose financial statement is attached act as guarantor of the contracts for construction Yes No



Subcontractor Qualifications

Does your organization have an OSHA compliant written safety program? If yes, please provide a complete copy. Yes No

List your organization's Experience Modifier Rate (EMR) for the last five (5) years. Please verify with an attached letter from your insurance company.

20__ : _____ 20__ : _____
20__ : _____ 20__ : _____
20__ : _____

Does your field team hold jobsite meetings? Yes No

If yes, how often? _____

Does your organization have a Drug and Alcohol Policy? If yes, please attach a complete copy. Yes No

Please provide the following information from the OSHA 300 Logs for the past five (5) years. If available, please attach the logs.

	20__	20__	20__	20__	20__
Number of Fatalities (Column G from 300)	_____	_____	_____	_____	_____
Number of Medical Treatment Cases (Column J from 300)	_____	_____	_____	_____	_____
Number of Restricted Day Cases (Column I from 300)	_____	_____	_____	_____	_____
Number of Lost Day Cases (Column H from 300)	_____	_____	_____	_____	_____
Man Hours Worked	_____	_____	_____	_____	_____
Total Recordable Incident Rate (TRIR)	_____	_____	_____	_____	_____
OSHA Lost Workday Incident Rate	_____	_____	_____	_____	_____

Note: Items in Parenthesis come from your OSHA 300 Logs
Total Recordable Incident Rate = (G+H+I+J) x 200,000 / Total Man Hours
Lost Workday Incident Rate = H x 200,000 / Total Man Hours
Total Man Hours = The total number of hours worked during the calendar year by all employees

How many OSHA violations has your company received in the last five (5) years?

20__ : _____ 20__ : _____
20__ : _____ 20__ : _____
20__ : _____



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Any willful OSHA violations?

Yes No

If yes, please explain in detail. Attach additional pages if needed.

Has your organization had any employee deaths within the last five (5) years?

Yes No

If yes, please give a brief description of the circumstances.

Do you have a qualified Safety Manager or other person that is responsible for the safety within your company?

Yes No

If yes, Name: _____

Please attach their qualifications.

Have you implemented 100% fall protection on all jobs?

Yes No

If requested, can you provide site-specific program addressing the fall hazards in your work?

Yes No

Do you have a home office representative (not directly involved with the project) who will visit and audit the project for safety?

Yes No Frequency: _____ Name: _____

Does your organization set annual safety goals?

Yes No

If yes, please list the training required. Attach additional pages if needed.

Does your organization have a program recognizing employees for safety excellence?

Yes No

Does your organization have a disciplinary system in place for safety violations?

Yes No

Does your organization review safety management systems of your sub-subcontractors?

Yes No

Does your company conduct accident / incident investigations?

Yes No

Does your company have management accompany an injured employee to the clinics?

Yes No

What clinic do you use for accidents?

Do you have a protocol system in place with those clinics?

Yes No



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Dated this _____ day of _____, 20__

Name of Organization: _____

Signature: _____

Name: _____

Title: _____

_____, _____, being an officer or
(Name of Representative) *(Title of Representative)*

_____ being duly sworn deposes and says that the information contained herein is
(Name of Organization)

true and sufficiently complete so as not to be misleading.

Notary:

Subscribed and sworn before me on this _____ day of _____, 20__

Signature: _____

Notary Public Name: _____

My Commission Expires: _____

Notary Seal:

Corporate Seal (if applicable):