

**MORGAN-KELLER, INC.**

**SUBCONTRACTOR QUALIFICATION STATEMENT**

Morgan-Keller, Inc., has a legitimate interest in knowing that subcontractors have the ability to complete their contracts. This standard form questionnaire is intended to assist the subcontractor in providing the necessary information to us.

**DATE:**

Please complete the following and return to the attention of:

**DEANNA CORMIER: [dcormier@morgankeller.com](mailto:dcormier@morgankeller.com) or fax # 301-846-9547**

---

SUBCONTRACTOR NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PRINCIPAL CONTACT: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

ESTIMATING CONTACT: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

MOBILE NUMBER: (\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

TYPE OF WORK PERFORMED \_\_\_\_\_

**MORGAN-KELLER USE ONLY**

**Construction Approved:**    Yes \_\_\_\_\_                      No \_\_\_\_\_

**Financial Approved:**        Yes \_\_\_\_\_                      No \_\_\_\_\_

**Safety Approved:**            Yes \_\_\_\_\_                      No \_\_\_\_\_

**A. ORGANIZATION**

1. NUMBER OF YEARS IN BUSINESS

- a. UNDER CURRENT NAME: \_\_\_\_\_
- b. UNDER FORMER NAME: \_\_\_\_\_
- c. FORMER NAME OF COMPANY: \_\_\_\_\_

2. TYPE OF COMPANY:

\_\_\_\_CORPORATION \_\_\_\_PARTNERSHIP \_\_\_\_SOLE PROPRIETORSHIP

DATE COMPANY FORMED: \_\_\_\_\_

STATE OF INCORPORATION(if applicable): \_\_\_\_\_

NAMES OF PRINCIPALS/PARTNERS/OWNER:

_____	TITLE: _____
_____	TITLE: _____
_____	TITLE: _____
_____	TITLE: _____

**B. LICENSING**

MD STATE LICENSE NO:	EXPIRATION:
WV STATE LICENSE NO:	EXPIRATION:
PA STATE LICENSE NO:	EXPIRATION:
DC STATE LICENSE NO:	EXPIRATION:
VA STATE LICENSE NO:	EXPIRATION:

**C. MINORITY CERTIFICATION**

	CERT #	AGENCY		CERT #	AGENCY
Large Business			SDBE		
Small Business			BCMBE		
HUB Zone			MDOT MBE		
SDVOSB			HBCU		
VOSB			LSDBE/CBE		
WOSB			SWAM		

**D. EXPERIENCE**

1. CLAIMS AND SUITS:

	YES	NO
Have you ever failed to complete a contract, been defaulted, or had a contract terminated?		
Are there any judgments, claims, arbitration proceedings or suits pending or outstanding?		
Has your organization filed any law suits or requested arbitration with regard to a contract in the last 5 years?		
Within the last 5 years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract?		
If you answered yes to any of the above questions please give details below.		

2. FINANCIALS FOR THE LAST 3 YEARS

YEAR	ANNUAL SALES	LARGEST SINGLE CONTRACT

**E. BONDING** IS YOUR COMPANY BONDABLE? YES \_\_\_\_\_ NO \_\_\_\_\_

Name of Bonding Company: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name of agent: \_\_\_\_\_

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

Phone Number: \_\_\_\_\_

Bonding Rate: \_\_\_\_\_

**F. REFERENCES**

-----  
1. SUPPLIER REFERENCES:

Company Name	Phone Number	Fax Number	E-Mail

2. GENERAL CONTRACTOR REFERENCES:

Company Name:	Contact Name:	Phone Number:	E-Mail:

G. SAFETY

1. **Please submit your Experience Modification Rating (EMR) for the previous three years.** Your insurance broker or workman's comp insurance company can provide you with this number. *Note that this is mandatory for approval.*

YEAR	RATING

2. **Please submit your completed OSHA 300 Logs for each of the previous three years.**

Number of Employees: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time

3. **Please submit a copy of the Table of Contents from your written safety program.**

Please submit the name and phone number for the person responsible for safety issues within your organization.

NAME \_\_\_\_\_

PHONE # \_\_\_\_\_

Please list any OSHA, MOSH, VOSH, or other agency safety violations which have become final within the last three years.

\_\_\_\_\_

\_\_\_\_\_

Do you currently have any pending violations with any of the above mentioned agencies which have not been adjudicated?

\_\_\_\_\_

\_\_\_\_\_

**The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.**

SIGNED: \_\_\_\_\_ DATE: \_\_\_\_\_

**MORGAN-KELLER, INC.**

**REQUEST FOR CONFIDENTIAL CREDIT INFORMATION**

The company listed below has given your name as a credit reference. We would appreciate it if you would share your credit experience with us. To permit you to share this information with us, the company has authorized release of the information by their signature in the space provided below.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Length of Relationship \_\_\_\_\_

Credit Limit \_\_\_\_\_

High Credit Extended \_\_\_\_\_

Terms \_\_\_\_\_

Account Balance \_\_\_\_\_

Current \_\_\_\_\_

Past Due \_\_\_\_\_

**Payment History:**

( ) Discounts

( ) Prompt

( ) Slow \_\_\_ Days

( ) Collection

Comments \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

The undersigned authorizes the responding company to release all information contained on this inquiry.

Signature \_\_\_\_\_ Title \_\_\_\_\_

-