



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.

Please complete the following and return to the attention of:

Prequalification Team - prequalification@morgankeller.com

DATE: _____

SUBCONTRACTOR NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____

PRINCIPAL CONTACT: _____

EMAIL ADDRESS: _____

ESTIMATING CONTACT: _____

EMAIL ADDRESS: _____

SAFETY CONTACT: _____

EMAIL ADDRESS: _____

A. ORGANIZATION

1. TYPE OF WORK PERFORMED: _____

2. NUMBER OF EMPLOYEES: _____ Full Time _____ Part Time

3. NUMBER OF YEARS IN BUSINESS: _____

a. UNDER CURRENT NAME: _____

b. UNDER FORMER NAME: _____

1. FORMER NAME OF COMPANY: _____

4. DUN & BRADSTREET NUMBER: _____

B. LICENSING

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

C. MINORITY CERTIFICATION NONE

	CERT #	AGENCY		CERT #	AGENCY
LARGE BUSINESS			SDBE		
SMALL BUSINESS			BCMBE		
HUB Zone			MDOT MBE		
SDVOSB			HBSU		
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 provide details:		



2. PROVIDE AUDITED FINANCIALS FOR THE LAST 3 YEARS:

- a. Balance Sheet
- b. Statement of Income
- c.

YEAR	ANNUAL SALES	LARGEST SINGLE CONTRACT
2019		
2018		
2017		

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:	Account Number:
Phone Number:	Fax Number:
E-Mail:	

Company Name:	Account Number:
Phone Number:	Fax Number:
E-Mail:	



(continued)

Company Name:	Account Number:
Phone Number:	Fax Number:
E-Mail:	

2. GENERAL CONTRACTOR REFERENCES

Company Name:	Account Number:
Phone Number:	Fax Number:
E-Mail:	

Company Name:	Account Number:
Phone Number:	Fax Number:
E-Mail:	

Company Name:	Account Number:
Phone Number:	Fax Number:
E-Mail:	

G. SAFETY

1. EXPERIENCE MODIFICATION RATING (EMR) FROM YOUR NCCI REPORT

Your insurance broker or workman's comp insurance company can provide you with this number.

YEAR	EMR RATING
2019	
2018	
2017	



2. PROVIDE COMPLETED OSHA 300A LOGS FOR 2017-2019
Less than 10 employees: Provide a list with date, injury, lost time days or light duty days and total hours worked for each of the last 3 years.
3. PROVIDE COPY OF WRITTEN SAFETY PROGRAM
4. TEAM MEMBER RESPONSIBLE FOR SAFETY ISSUES WITHIN YOUR ORGANIZATION.
 - a. PRINCIPAL CONTACT: _____
 - b. PHONE NUMBER: (____) _____
 - c. EMAIL ADDRESS: _____

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

SIGNED: _____

DATE: _____



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.

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

Signature: _____ Title: _____

SUBCONTRACTOR NAME: _____

ADDRESS: _____

PHONE NUMBER: (____) _____

ACCOUNT NUMBER: _____

LENGTH OF RELATIONSHIP: _____

CREDIT LIMIT: _____

HIGH CREDIT EXTENDED: _____

TERMS: _____

ACCOUNT BALANCE: _____

CURRENT: _____

PAST DUE: _____

PAYMENT HISTORY: () Discounts () Prompt () Slow ____ Days () Collection

COMMENTS: _____

Credit Reference Signature _____

Title _____

Credit Reference Company _____