Subcontractor/Vendor Qualifications

Linbeck Group, LLC requests the following information for qualification purposes. Subcontractors/vendors should email the completed Qualification Statement to:

Houston/Central Texas [rcabrera@linbeck.com](mailto:rcabrera@linbeck.com)  
North Texas [ladams@linbeck.com](mailto:ladams@linbeck.com)

***At a MINIMUM, complete all fields highlighted.***

*Failure to provide a complete and accurate response to every question will delay the qualification process.*

*All subcontractors/vendors are required to complete the qualification process once a year. For information regarding qualification status, please contact one of the Regional Administrators listed above.*

**Please include the following documents with the completed Qualification Statement**:

1. IRS W-9 form
2. Certificate of Insurance with confirmation of coverage and endorsements
3. List of completed projects for the last two (2) years
4. List of projects in progress
5. Three (3) trade references
6. Audited financial information, including income statements and balance sheets
7. Explanation of any uninsured claims or judgments
8. If W/C experience modifier is between 1.01 and 1.15, provide previous three years’ OSHA 300A and OSHA 300 redacted logs
9. If W/C experience modifier is over 1.16, provide a three-year NCCI report and a three-year loss run in addition to the previous three years’ OSHA 300A and OSHA 300 redacted logs
10. HUB Certificates

*Please consider the environment. If using attachments, please combine information into as few*

*pages as possible.*

Subcontractor/Vendor Qualifications Form

Linbeck Group, LLC requests the following information for qualification purposes.

**Company Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | Click or tap here to enter text. | | |
| Federal Tax ID # | Click or tap here to enter text. | Website | Click or tap here to enter text. |
| Phone | Click or tap here to enter text. | Fax | Click or tap here to enter text. |
| Mailing Address | Click or tap here to enter text. | | |
| Physical Address | Click or tap here to enter text. | | |

**Key Contacts**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Primary  Contact | Click or tap here to enter text. |  | Administration Contact | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |  | Email | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |  | Title | Click or tap here to enter text. |
|  |  |  |  |  |
| Construction  Contact | Click or tap here to enter text. |  | Estimating  Contact | Click or tap here to enter text. |
| Email | Click or tap here to enter text. |  | Email | Click or tap here to enter text. |
| Title | Click or tap here to enter text. |  | Title | Click or tap here to enter text. |

**Performance Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Trade/Type of Work | | Click or tap here to enter text. | | | | | |
| Percent of Self-Performed Work | | | Click or tap here to enter text. | | | | |
| Company Formation/Incorporation Date | | | | Click or tap here to enter text. | | | |
| Other/Former Company Names | | | Click or tap here to enter text. | | | | |
| Average Dollar Volume of Work for Last Three (3) Years | | | | | | Click or tap here to enter text. | |
| Local, State, or Federal Certifications (e.g. MBE, WBE, HUB) | | | | | | | Click or tap here to enter text. |
| Vendor ID | Click or tap here to enter text. | | | | Attach Current Certifications | | |

|  |
| --- |
| 1. Has Your Company or an Affiliated Company Been Involved in a Bankruptcy Proceeding? Yes  No |
| 1. Are There Any Uninsured Judgments, Claims, Arbitration Proceedings or Lawsuits Currently Pending Against Your Company or Officers? Yes  No |
| 1. Has Your Company Filed Any Lawsuits or Requested Arbitration Related to Construction Projects During the Last Two (2) Years? Yes  No   *If yes, attach a written explanation and include project name, claim date, place filed, claim amount, owner name and claim disposition* |

**Financial Information**

Attach your company’s audited financial statements for the last two (2) years. The financial statements must include your company's balance sheet and income statement. Yes

**Trade References**

*Provide three (3) references:*

|  |  |  |  |
| --- | --- | --- | --- |
| Company  Click or tap here to enter text. | | Contact  Click or tap here to enter text. | Phone  Click or tap here to enter text. |
| Project | Click or tap here to enter text. | | |
|  | | | |
| Company  Click or tap here to enter text. | | Contact  Click or tap here to enter text. | Phone  Click or tap here to enter text. |
| Project | Click or tap here to enter text. | | |
|  | | | |
| Company  Click or tap here to enter text. | | Contact  Click or tap here to enter text. | Phone  Click or tap here to enter text. |
| Project | Click or tap here to enter text. | | |

**Project Experience**

*Provide complete information for the last two (2) years:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project | Click or tap here to enter text. | | | |
| Owner  Click or tap here to enter text. | | GC  Click or tap here to enter text. | Contract Amount  Click or tap here to enter text. | Date  Click or tap here to enter text. |
|  | | | | |
| Project | Click or tap here to enter text. | | | |
| Owner  Click or tap here to enter text. | | GC  Click or tap here to enter text. | Contract Amount  Click or tap here to enter text. | Date  Click or tap here to enter text. |
|  | | | | |
| Project | Click or tap here to enter text. | | | |
| Owner  Click or tap here to enter text. | | GC  Click or tap here to enter text. | Contract Amount  Click or tap here to enter text. | Date  Click or tap here to enter text. |

**Current Projects**

*Provide complete information:*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Project | Click or tap here to enter text. | | | |
| Owner  Click or tap here to enter text. | | GC  Click or tap here to enter text. | Contract Amount  Click or tap here to enter text. | Date  Click or tap here to enter text. |
|  | | | | |
| Project | Click or tap here to enter text. | | | |
| Owner  Click or tap here to enter text. | | GC  Click or tap here to enter text. | Contract Amount  Click or tap here to enter text. | Date  Click or tap here to enter text. |
|  | | | | |
| Project | Click or tap here to enter text. | | | |
| Owner  Click or tap here to enter text. | | GC  Click or tap here to enter text. | Contract Amount  Click or tap here to enter text. | Date  Click or tap here to enter text. |

**Bonding Information**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Bond Underwriter Company Name | | | | Click or tap here to enter text. | | | |
| Bond Single Limit Amount | | | Click or tap here to enter text. | | | | |
| Bond Aggregate Limit | | Click or tap here to enter text. | | | | | |
| Bond Agent | Click or tap here to enter text. | | | | Agent Phone | Click or tap here to enter text. | |
| National Association of Insurance Commissioners (NAIC) Number | | | | | | | Click or tap here to enter text. |

**Insurance Information**

|  |
| --- |
| 1. Does your current general liability policy exclude residential/habitational coverage?   Yes  No  *If yes, attach a written explanation.* |
| 1. Does your current general liability policy exclude EIFS coverage?   Yes  No  *If yes, attach a written explanation.* |
| 1. Does your company use leased workers to perform any part of your work?   Yes  No  *If yes, provide leasing company name and state license number.* Click or tap here to enter text. |
| 1. Has your company rejected workers compensation coverage in the State of Texas?   Yes  No  *If yes, provide Workers Compensation Risk ID number.* Click or tap here to enter text. |
| 1. Provide your company's WC experience modifiers for the last two (2) years:   Current Year 20 Click or tap here to enter text.  EMR Click or tap here to enter text.  Prior Year 20 Click or tap here to enter text.  EMR Click or tap here to enter text.  • *If your company’s WC Experience Modifier* ***is between 1.01 and 1.15****, attach the previous three (3) years OSHA 300A and OSHA 300 (redacted) logs.*  *• If your company’s WC Experience Modifier* ***exceeds 1.16****, attach the previous three (3) years OSHA 300A and OSHA 300 (redacted) logs, as well as, a three-year National Council on Compensation Insurance (NCCI) Report and a three-year loss run.*  *• If your company does not have a WC Experience Modifier, attach a letter of explanation from your insurance agent.* |
| 1. Attach a **Certificate of Insurance** confirming policy limits, required coverage and endorsements. Yes  No   *Refer to the attached Certificate of Insurance sample document.* |

**Other Information**

|  |
| --- |
| City of Fort Worth Contractor’s Registration Number, if applicable (NA if not applicable)  Click or tap here to enter text. |

**Certification and Authorized Signature**

|  |
| --- |
| The signer certifies that the information provided in this Qualification Statement is true and complete and that the signer is an authorized company representative. Yes |

|  |  |  |  |
| --- | --- | --- | --- |
| Dated the Click or tap here to enter text. | Day of Click or tap here to enter text. | | 20 Click or tap here to enter text. |
| Name of Company Click or tap here to enter text. | | | |
| Signature Sign | | Title Click or tap here to enter text. | |
| Printed Name Click or tap here to enter text. | | | |

**End of Qualification Statement Form**