

City of Pearland
Sub-Contractor Qualification Form



If requested by a representative of O'Donnell/Snider, please insert the name RESPONSE TO PEARLAND NEWSPAPER AD
If requested for a specific project, please insert project name & location CITY OF PEARLAND, FA2001 & FA1803

Name of person completing this form: _____ Email: _____

Company Name: _____

Physical Address: _____

Remit to Address: _____

Phone # _____

Estimator/Sales Person Name: _____

Email: _____

Contact for Payments to Vendor: _____

Email: _____

Type of Work Performed: _____

Geographical Service Areas: _____

Organization

1. How many years has your organization been in business? _____
2. How many years has your organization been in business under current business name? _____
3. Under what other or former names has your business operated? _____

4. What is the company's business structure? (*please check one*)

Corporation _____ Sole Proprietorship _____ Partnership _____ Joint Venture _____ Other _____

***Attach a W-9 form**

- a. If your organization is a corporation, please answer the following:
 - i. Date of incorporation: _____
 - ii. State of incorporation: _____
 - iii. President's name: _____
 - iv. Vice-President's name: _____
- b. If your organization is a partnership, please answer the following:
 - i. Date of Organization: ____/____/____.
 - ii. Type of partnership (*if applicable*): _____
- c. If your organization is individually owned, please answer the following:
 - i. Date of organization: _____
 - ii. Name of Owner: _____
- d. *If your organization is other than the listed above, describe and name the process)*

5. Current No. of Active Employees _____
- If 10 or more, submit past three years of OSHA 300 and OSHA 300A reports.
 - Must include most three years of EMR Ratings, including current year's rating (NCCI notices or Insurance Agent's letter)

Experience:

6. Claims and Suits, past or pending? _____Yes _____No (If Yes, please attach details or explain below)
- _____
7. Are your employees back-ground checked and allowed to work in government buildings (including Homeland Security clearance)? _____Yes _____No
8. Has your organization ever failed to complete any work awarded to it? _____Yes _____No
If yes, please describe: _____
9. Are there any judgments, claims arbitration proceedings or suits pending or outstanding against your organization or its officers)? _____Yes _____No
If yes, please describe: _____
10. Has your organization filed any law suits or requested arbitration proceedings with regard to construction contracts within the last five years? _____Yes _____No
If yes, please describe: _____
11. How much of the work performed is by your own workforce? _____ %
If not 100%, please list below companies or individuals you have used in the past year to perform work. Attach copies of your certificate of insurance, and those of the companies used for work not performed with your own forces.

Company Name	Contact Name	Phone	Address

12. List largest 3 jobs in progress

Job Name	City/State	Client Name	\$ Contract Value

13. State total current value of Work in Progress: \$ _____

14. List the 5 major projects your organization has completed in the past three (3) years:

Job Name	City/State	Client Name	\$ Contract Value

15. Using the chart below, enter the past 5 years of annual construction revenue and the number of projects per year

20____	20____	20____	20____	20____
\$	\$	\$	\$	\$
# of jobs	# of jobs	# of jobs	# of jobs	# of jobs

16. List 3 Client References

Client Company Name	Contact Name	Email	Phone

References:

Please provide 3 vendor references:

Vendor Company Name	Contact Name	Email	Phone

Bank Information:

Bank Name	
Bank Address	
Bank Officer	
Bank Officer's Phone No.	

If bondable, complete this section:

Surety:

- What is your single limit bonding capacity \$ _____
- What is your total limit bonding capacity \$ _____
- What is your available bonding capacity \$ _____
- Surety Name _____
- Location _____
- Name of Agent _____
- Phone _____

Recap of documents to include with Qualification Statement:

- **Certificate of insurance issued to O'Donnell/Snider Construction, LLC, 1900 W. Loop South, Suite 350, Houston, Tx. 77027. Must include:**
 - General Liability - \$1 million per occurrence/\$2 million general aggregate
 - Including listing O'Donnell/Snider as an additional insured
 - Including a Waiver of Subrogation
 - Umbrella - \$5 million
 - Including listing O'Donnell/Snider as an additional insured
 - Including a Waiver of Subrogation
 - Auto Policy – \$1 million, all owned and non-owned autos
 - Including listing O'Donnell/Snider as an additional insured
 - Including a Waiver of Subrogation
 - Workers Comp - \$1 million
 - Including a Waiver of Subrogation
 - Professional Liability for any trades performing design/consultation work - \$1 million
 - Pollution Liability for any trades performing asbestos abatement or hot work - \$1 million

- **Certificates of Insurance from vendors used to perform work, issued to applicant**
- *W-9 form*
- *Three past years of OSHA 300 and OSHA 300A reports.*
- *Three years of EMR Ratings, including current year's rating.*

Safety:

- Provide QA/QC (Safety) Manual

Dated this _____ day of _____, 20, _____

Name of Organization: _____

By: _____

Title: _____

Signature: _____

Email documents to: vendorqualification@odonnellsnider.com

**Failure to provide all information and documents requested will delay processing of your qualification statement.*