



**SUBCONTRACTOR/SUPPLIER
QUALIFICATION FORM**

This Section to be Completed by Hunt Construction Group, Inc: CSI Division(s) _____	Approved <input type="checkbox"/> Denied <input type="checkbox"/> Reviewed By: _____ Date: _____
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COMPANY INFORMATION		
Company Name: _____	Federal ID # _____	
Mailing Address: _____		
City: _____	State: _____	Zip Code: _____
Estimating Contact: _____	Phone #: _____	Fax #: _____
Email Address: _____		
Alternate Contact: _____	Phone #: _____	Fax#: _____
Email Address: _____		

What scope of work does your company perform or what materials does your company supply?

Areas of Operation:

How Many years has your firm been in operation? _____ **Areas of Operation:** _____
Is your firm a Corporation ____ Joint Venture ____ Partnership ____ L.L.C. ____

Project Types: Commercial ____ Retail ____ Corps of Engineers ____ VA ____ Educational ____ Institutional ____
 Design-Build/Design Assist ____ Hospitality ____ Airport ____ Tenant Improvements ____

What size of Subcontract or Purchase Order your company Typically performs:
 Less than \$100,000 _____ \$100,000 to \$500,000 _____ \$500,000 to \$1,500,000 _____ Over \$1,500,000 _____

Company Officers:

Name: _____	Title: _____
Name: _____	Title: _____

Annual Revenue for the Past Three Years:

Year: _____	_____	_____
Revenue: _____	_____	_____

MINORITY CERTIFICATIONS		
Is your company a certified minority contractor? Yes ____ No ____		
Please check and list certification numbers and agencies as they may apply:		
MBE _____	Certification #: _____	Agency: _____
WBE _____	Certification #: _____	Agency: _____
DBE _____	Certification #: _____	Agency: _____
HUB _____	Certification #: _____	Agency: _____
SBE _____	Certification #: _____	Agency: _____
HUBZone _____	Certification #: _____	Agency: _____

Hunt Construction Group, Inc.
 2450 South Tibbs Avenue
 Indianapolis, IN 46241
 Phone: 317-227-7800
 Fax: 317-227-7810

SAFETY

Does your company have an OSHA Compliant Written Safety Program? Yes ___ No ___

Provide your company's EMR, Lost-Time and Recordable Injury Rates for the past three years (including current):

Year	EMR	Lost-Time Rate	Recordable Rate	# of Citations
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Describe your OSHA Citations (if applicable):

GENERAL INFORMATION & INSURANCE

Is your company bondable? Yes _____ No _____

Bonding Capacity for a Single job: _____

Aggregate Bonding Capacity: _____

Bonding Agency: _____

Bonding Contact Name: _____ Phone #: _____

Name of Surety Company: _____

List your company's Insurance Limits:

Insurance	Carrier Name	Occurrence	Aggregate	Expiration
Workers Comp	_____	_____	_____	_____
General Liability	_____	_____	_____	_____
Excess Liability	_____	_____	_____	_____
Auto Liability	_____	_____	_____	_____

*Include a current copy of Certificate of insurance

PROJECT REFERENCES

List three largest projects performed in past three years:

Project Name	Location	Contract \$	Contact Name and Phone
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AUTHORIZATION

I, _____, a representative of _____, hereby certify that all information provided in this questionnaire is true and correct to the best of my knowledge. We authorize Hunt Construction Group and its representatives to investigate directly with the references provided.

Submitted by: _____ Title: _____

Signature: _____ Date: _____

*Please mail completed form, along with current Insurance Certificates to the Address Below attention Estimating and Preconstruction Services. You may also send electronically to kriley@huntconstructiongroup.com.

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