



Subcontractor Pre-qualification Form

Thank you for your interest in working with Carmen Roofing Services, LLC!

To be considered for invitations to bid future projects with us, it is required that you complete and submit the following documents:

1. Subcontractor/Vendor Qualifications Form (attached)
2. Bid Invitation Listing (attached)
3. Certificate of Insurance showing current coverage amounts (see sample) and expiration date for the following policy types:
 - General Liability Limits
 - Automobile Liability Limits
 - Worker Compensation Limits
4. A copy of your most recent financial statement – please note that in lieu of a financial statement we can accept the following:
 - A copy of your Dun & Bradstreet credit report; and/or
 - A list of banking and business/credit references to include both contact *name* and contact *phone numbers*.
5. A copy of your W-9 form
6. A copy of all applicable Contractors Licenses. (For all states you work in)
7. A copy of your certifications (ex. Hubzone, 8(a), minority business, small business, etc.) if it applies

You may submit them to info@carmenroofing.com



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GENERAL COMPANY INFORMATION	
Company Legal Name & DBA's: _____	
Address: _____ City: _____ State: _____ Zip: _____	
Telephone: _____ Fax: _____ Federal ID No: _____ Duns No: _____	
Under what other former names has your organization operated? _____	
If Corporation : Date of Incorporation: _____ State of Incorporation: _____	
If Partnership : (State whether General or Limited Partnership) _____	
Website: _____ Number of Employees: _____	
Submitted By: _____ Email: _____	

Please list principals of your organization:

Name: _____	Title: _____
Phone No: _____	Email: _____
Name: _____	Title: _____
Phone No: _____	Email: _____
Name: _____	Title: _____
Phone No: _____	Email: _____

Contractors License No: _____	State: _____	Class: _____
Contractors License No: _____	State: _____	Class: _____
Contractors License No: _____	State: _____	Class: _____

Preferred Project Size: <input type="checkbox"/> \$10K-\$250K <input type="checkbox"/> \$251K-\$500K <input type="checkbox"/> \$1M <input type="checkbox"/> \$2M <input type="checkbox"/> \$5M+
Line of Business: _____
Trade(s): NAICS Codes: _____
CSI Codes: _____

Areas you work: *check boxes*

<input type="checkbox"/> Arizona	<input type="checkbox"/> Oklahoma	<input type="checkbox"/> Mississippi	<input type="checkbox"/> Florida
<input type="checkbox"/> Arkansas	<input type="checkbox"/> Texas	<input type="checkbox"/> New Mexico	<input type="checkbox"/> Tennessee
<input type="checkbox"/> Louisiana	<input type="checkbox"/> Georgia	<input type="checkbox"/> Alabama	<input type="checkbox"/> North & South Carolina
<input type="checkbox"/> Other States:			

Type of work: *check boxes*

<input type="checkbox"/> Military - New Construction	<input type="checkbox"/> Hospital - New Construction	<input type="checkbox"/> Commercial	<input type="checkbox"/> Tenant Improvement
<input type="checkbox"/> Military-Renovation	<input type="checkbox"/> Hospital-Renovations	<input type="checkbox"/> Schools / Universities	<input type="checkbox"/> City / County / Public Works
<input type="checkbox"/> Hospitality/Casino	<input type="checkbox"/> Condo/Timeshare	<input type="checkbox"/> Retail	



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Please list three construction references.

Company Name:	Telephone:
Contact:	Email:
Projects:	
Company Name:	Telephone:
Contact:	Email:
Projects:	
Company Name:	Telephone:
Contact:	Email:
Projects:	

BANK REFERENCE	
Bank Name:	
Contact Name: _____	Title: _____
Phone Number: _____	Fax: _____ Email: _____

SURETY	
Surety Company: _____	
Contact Name: _____	
Phone Number: _____	Fax: _____ Email: _____
Bondable: <input type="checkbox"/> Yes <input type="checkbox"/> No	Capacity: _____ Rate: _____
If you are attempting to qualify for an anticipated subcontract value in excess of \$250K, submit a letter from your Surety indicating the single project and aggregate amounts for which they will issue a performance and payment bond (ED is not asking for bonds at this time).	

FINANCIALS	
Accounting Firm: _____	
Contact Name: _____	
Phone Number: _____	Fax: _____ Email: _____
Please submit the following information: Include copy of your most recent financial statement. Incomplete financial statements will delay the qualification process and may result in your rejection as an EC qualified subcontractor. Financial statements will be kept confidential.	
Submit Financial Statements to:	
Express Contracting	
Attn: Kelly Riley	
304 El Paso Street	
San Antonio, TX 78207	
Email: kelly@myexpresscontracting.com	
Express Contracting will also need a copy of our W-9 form. Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No	



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VERIFICATION STATEMENT OF BUSINESS SIZE STATUS

Information provided may be verified against federal, state and local records including Texas' Contractor License Status Check and Central Contractor Registration to determine accuracy. Verification Statement will be required annually.

(Check all that apply)

- Small Business (SB)
- Women-Owned Small Business (WOSB)
- Veteran-Owned Small Business (VOSB) – Can voluntarily register with the Department of Veterans Affairs
- Service-Disabled Veteran-Owned Business (SDVOSB) – Can voluntarily register with the Department of Veterans Affairs
- Small Disadvantaged Business (SDB)
- 8(a)
- Historically Underutilized Business Zone (HUBZone) – Must be approved through SBA
- None of the Above (Large Business)
- Alaska Native Corporation / Indian Tribe-Certified by SBA as a SDB: Yes No Large: Yes No
- Historically Black College / Minority Institution (HBCU/MI)
- Ability One (Formerly JWOD) – Must be approved through SBA

I, _____, a principal Owner/Operator of _____ hereby certify under penalty of perjury that said business qualifies for the Small Business designation / certification listed above and meets the size standard requirements for or Industry Group as defined by the Small Business Administration.

Signature

Date

Please verify your size standard by accessing the Table of Size Standards located on the Small Business Administration's website at:

http://www.sba.gov/idc/groups/public/documents/sba_homepage/serv_sstd_tablepdf.pdf

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INSURANCE FORM		
Insurance Company:		
Agent Name:		
Phone Number:	Fax:	Email:

The ACORD Certificate of Liability form (25-S), which is completed to attest to the scope of your insurance coverage only, summarizes the various policies listed as to the limits and coverage's provided. It does not show restrictions, exclusions or limitations of coverage which may cause a material breach under the subcontract agreement. **PLEASE HAVE YOUR INSURANCE REPRESENTATIVE MARK THIS FORM AS A SUPPLEMENT TO THE ACORD CERTIFICATE AS TO COVERAGE FOR THE EXPOSURE LISTED. COVERAGE IS DEEMED TO BE PROVIDED IF NOT EXCLUDED.**

General Liability Insurance			
Coverage Includes:		Yes	No
1.	A Per Project Aggregate	<input type="checkbox"/>	<input type="checkbox"/>
2.	Express Contracting and Owner/Client as additional insured as respects ongoing and completed operations hazards (CG 20 1 10 85 edition or equivalent) All Equivalent Forms Must Be Attached.	<input type="checkbox"/>	<input type="checkbox"/>
3.	Primary & Non-contributory Wording	<input type="checkbox"/>	<input type="checkbox"/>
4.	Defense Costs outside of limits	<input type="checkbox"/>	<input type="checkbox"/>
5.	Blanket Contractual Liability	<input type="checkbox"/>	<input type="checkbox"/>
6.	Coverage for "Action Over" claims	<input type="checkbox"/>	<input type="checkbox"/>
7.	Mold	<input type="checkbox"/>	<input type="checkbox"/>
8.	Subsidence	<input type="checkbox"/>	<input type="checkbox"/>
9.	Additional Insured	<input type="checkbox"/>	<input type="checkbox"/>
10.	EFIS	<input type="checkbox"/>	<input type="checkbox"/>
11.	Multi Residential Exclusion	<input type="checkbox"/>	<input type="checkbox"/>
	Single Family	<input type="checkbox"/>	<input type="checkbox"/>
	Military Housing	<input type="checkbox"/>	<input type="checkbox"/>
	Apartments	<input type="checkbox"/>	<input type="checkbox"/>
	Condominiums / Townhomes	<input type="checkbox"/>	<input type="checkbox"/>
	Dormitories	<input type="checkbox"/>	<input type="checkbox"/>
	Assisted Living Facilities	<input type="checkbox"/>	<input type="checkbox"/>
	Hotels	<input type="checkbox"/>	<input type="checkbox"/>
	Please specify any other extraordinary exclusions that have been attached to your general liability policy that restrict coverage beyond the standard ISO Commercial General Liability form (CG 00 01 10 01)	a.	
		b.	
		c.	
Workers Compensation Insurance			
Coverage Includes:		<input type="checkbox"/>	<input type="checkbox"/>
Waiver of Subrogation in name of Express Contracting and Owner/Client		<input type="checkbox"/>	<input type="checkbox"/>
Signature:		Date:	
Print Name:			



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EXPERIENCE			
1. Has your company had experience with LEED projects? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you had Litigation in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>			
3. Are there any judgments, claims or suits pending or outstanding against you? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Ever been debarred? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>			
5. Ever failed to complete a project? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>			
6. Backlog as of today:	\$ _____	0-12 months: \$ _____	12-24 months: \$ _____
Project Size: Largest	\$ _____	Smallest: \$ _____	Average: \$ _____
Total for the Past Five Years:			\$ _____
7. Total Value of Work in Progress		\$ _____	
8. Please attach a complete schedule of Work in Progress showing: name of project, owner, architect, contract amount, percent complete, scheduled completion date, and if they are bonded.			
9. On a separate sheet, list the (5) major similar projects your organization has completed in the past five years, giving the name of the project, owner, architect, contract amount, date of completion, percentage complete, the cost of the work performed with your own forces, and if the project was bonded.			
10. On a separate sheet, list your company's Key individuals you are proposing to work on this project, including any similar work experience they have.			
SAFETY			
Name of Safety Professional: _____			
Title: _____			
Phone Number: _____		Fax: _____	Email: _____
1. Drug Free Work Policy: <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Have you had an OSHA citation, fine, or violation in the past 5 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If yes, provide details/unresolved issues)</i>			
3. Does your company have a written safety plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. Do you have and have you implemented the EM 385-1-1 Safety and Health training requirements for your employees? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is it documented? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. Do you have on-site personnel trained to perform First Aid and CPR? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Does your competent person have the proper certification cards? <input type="checkbox"/> Yes <input type="checkbox"/> No			
7. Do you have regular site safety inspections? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how often? _____			
8. Do you subcontract work out to others? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, do you insure they follow the proper safety requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Provide Experience Modification Rate (EMR) for last 3 years.			
_____	_____	_____	_____

I hereby certify that the pre-qualification information provided herein is accurate, correct and true.

Signature: _____ Title: _____

Print Name: _____

Date: _____