



SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

Type of Company Subcontractor (Material & Labor) Approved By:							Only			
Subcontractor (Lab		Logged By:				Use				
Supplier (Material C						ffice				
○ Equipment○ Equipment & Labor				Date Logged:				För Office Use Only		
Company Legal Name			Main Phone	Main Phone # Main Fax #						
Physical Address			Mailing Add	Mailing Address						
City	State	Zip	City			State		Zip		
Company Website			Dun & Brad	street #		Federal ID #	, , , , , , , , , , , , , , , , , , , 			
Principal Contact			Title			Phone #				
Principal Contact E-mail Address	0.1.90		Mobile #			Fax #		0		
Estimating Contact			Title	Title			Phone #			
Estimating Contact E-mail Address			Mobile #	Mobile # Fax #						
Date of Incorporation	State of Inco	orporation	LIC	Corp	Partnership	Sole Pr	oprietor	Sub S Corp		
Years in Business Under # of Employe Current Name # of Employe				# of Staff Employees # of skilled Staf		ff Supervisors # of unskilled S		taff workers		
Under what other names has your Company operated? Give Dates.										
What type of labor does your	company su		Open Sho			Union		Both		
Do you have a written safety p	orogram?	Yes No		Modification R			violations in pa			
Is your company a certified minority business enterprise?			Yes	No O	If yes, what type?	DBE	MBE	WBE		
If a minority business enterpris	se, certified	by who?								
Please list all state(s) where your	company is p	properly licensed to p	erform work.	Please attac	ch copies of a	all applicabl	e licenses.			
State License #		State	License #		State		License #			
State License #		State	License #	earnself.	State					
State License #		State	License #		State		License #			



SUBCONTRACTOR/SUPPLIER SCOPE OF WORK

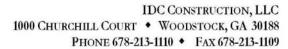
Please li	st all of the trades your company perform	าร เ	or supplies. Please check all that apply.		
	General Conditions				Wall & Corner Guards
1	☐ Professional Consultant (& Surveying)		Architectural Woodwork		Access Flooring
		_		_	Flagpoles
			사 1987년 - 807년 11 1 12 12 13 11 11 12 12 13 14 14 14 14 14 14 14 14 14 14 14 14 14		Signage
	☐ Cleaning				Lockers
1 -	Other	_			Awnings & Canopies
1 -	_ Other		Thermal & Moisture Protection		Wire Mesh Partitions
1	Citavanta		- 1. (1. (1. (1. (1. (1. (1. (1. (1. (1.	-	Demountable Partitions
1 .			Waterproofing	-	
3.55	The state of the s	100000	31111 P. 10 10 P. 11 10 10 10 10 10 10 10 10 10 10 10 10		Folding Panel Partitions
					Storage Shelving
					Tiolet Accessories
		10.50		Ш	Other
1.7	☐ Soil Treatment (& Termite)	_	Metal Roof & Wall Panels		
10.7			Siding (& Soffits)		Equipment
			5.000000000000000000000000000000000000	1000	Security & Vault Equipment
	☐ Asphalt Paving		마다 가게 가게 가득하다 가다면 하면 하면 하면 하면 하면 하다.		Theater & Stage Equipment
					Audio-Visual Equipment
	☐ Striping		Roof Accessories (Hatches, vents, etc)		Parking Control Equipment
	☐ Landscaping		Cementitious Fireproofing		Loading Dock Equipment
	☐ Irrigation Systems		Firestopping		Food Service Equipment
	☐ Fencing & Gates				Athletic & Therapeutic Equipment
			Other		Laboratory Equipment
! ~		_			Medical Equipment
ł	Concrete				Other
			Door, Frame & Hardware Installation	_	
			Metal Doors & Frames		Furnishings
					Manufactured Casework
	Ready Mix Concrete			_	Floor Mats & Frames
		10000		_	Blinds & Shades
		_		-	Furniture
					Multiple Seating (Theater)
					Other
				ш	Other
			Automatic Doors		Cassial Construction
		770	Aluminum Windows	_	Special Construction
					Special Purpose Rooms (Sauna)
				3 7	Lightning Protection
					Pre-engineered Structures
		_		1000	Swimming Pools
150				_	Storage Tanks
	☐ Basic Masonry			_	Hazardous Material Remediation
	☐ Clay Masonry				Solar & Wind Energy
	☐ Concrete Masonry				Security Access & Surveillance
			all transfer and the contract of the contract		Other
	☐ Stone		Furring & Lathing		
	☐ Masonry Restoration & Cleaning		STUCCO/EIFS		Conveying Systems
	☐ Other		Drywall		Dumbwaiters
			Tile		Elevators
Ř	Metals		Terrazzo		Escalators & Moving Walks
	☐ Structural Steel Fabrication		Acoustical Ceilings		Lifts
	☐ Structural Steel Erection		Marble Flooring (& Other Stone)		Other
	☐ Steel Joists		Wood Strip Flooring		
			Resilient Tile Flooring		Mechanical
			Composition Flooring		Plumbing
					Fire Suppression (Sprinkler)
					HVAC
				\Box	Testing & Balancing
					Other
			Glazed Coatings (& Elastometric)		
1			Other		Electrical
1	Wood & Plastics				Electrical Subcontractor
-	Rough Carpentry			_	Lighting
				177	Communications
					Sound & Video
U.		_			Controls
8 -		_			Other
	_ mion curponer	ᆜ	THE LOCATION OF THE PARTY OF TH	_	



REFERENCES

Please supply at least three General Contractors or Subcontractors that you have previously performed work for as well as at least three suppliers/vendors from who you regularly purchase materials and at least one banking reference.

General Contractor/Su	bcontractor				
Company Legal Name			Main Phone #	Main Fax #	
Physical Address			Mailing Address		
City	State	Zip	City	State	Zip
Principal Contact			Title	Phone #	
General Contractor/Sul	bcontractor		<u> </u>	The second commence of the second	
Company Legal Name		NEW COLUMN TO THE PARTY OF THE	Main Phone #	Main Fax #	
Physical Address			Mailing Address		
City	State	Zip	City	State	Zip
Principal Contact			Title	Phone #	rdw
General Contractor/Sul	bcontractor		-	·	
Company Legal Name			Main Phone #	Main Fax #	# ** ** ** ** ** ** ** ** ** ** ** ** **
Physical Address	XIII-K		Mailing Address		
City	State	Zip	City	State	Zip
Principal Contact	· · · · · · · · · · · · · · · · · · ·	THE PERSON NAMED ASSOCIATION OF THE PERSON NAMED ASSOCIATION O	Title	Phone #	
Supplier/Vendor	*******				W-WINKS - IV
Company Legal Name			Main Phone #	Main Fax #	
Physical Address			Mailing Address	A	
City	State	Zip	City	State	Zip
Principal Contact			Title	Phone #	
Supplier/Vendor					
Company Legal Name			Main Phone #	Main Fax #	A CONTRACTOR OF THE CONTRACTOR
Physical Address	y 1, 100 - 1		Mailing Address		
City	State	Zip	City	State	Zip
Principal Contact			Title	Phone #	
Supplier/Vendor	M-10-10-10-10-10-10-10-10-10-10-10-10-10-		1		
Company Legal Name	20.00 m = 10.00 m = 10.00 m	- Historian	Main Phone #	Main Fax #	
Physical Address			Mailing Address		No de la justima de la composition della composi
City	State	Zip	City	State	Zip
Principal Contact			Title	Phone #	, , , , , , , , , , , , , , , , , , ,





REFERENCES Continued...

Please supply at least three General Cont least three suppliers/vendors from who y								ll as at
Banking Reference								
Please supply a banking reference for the	branch wi	nere most o	of your ba	nking trans	sactions are	made.		
anks Names Bank Representative Name								
Bank Rep Phone # Bank Rep Fax #								
City State		Zip	Bank Representative E-mail Address					
Bonding								
Can you provide a Payment and Performa	ance Bond?		Yes	No O	Bonding Cap	pacity (Aggre	gate)	
Can you provide a letter from your surety	company	verifying yo	our ability	to provide	bonding?		Yes	No
Bonding Company	100000000000000000000000000000000000000	Agent's Nam	e			Agents Phor	ne #	
Has a Bonding Company ever had to com	iplete a pro	ject on you	ur behalf?	Yes	No O	If Yes, Ple explainati	ease attach ar on.	
Legal								
Is your Company currently involved in an	y litigation/	'arbitration'	?	Yes	No O	No If yes, please attach a brief summary.		
Financial Please attach your most recent CPA prepared statement is not available, please Is a Financial Statement attached?							years. If a CF	PA
Business Ownership (attach addition	al sheets	if necessa	ary)		- 10 14		1.04 TO 10 T	
Name	SSN/EIN			Individual?	Corporation?	Partnership?	Percentage O	wned
Name	SSN/EIN			Individual?	Individual?	Individual?	Percentage O	wned
Name	SSN/EIN	*	***************************************	Individual?	Individual?	Individual?	Percentage Or	wned
Name	SSN/EIN			Individual?	Individual?	Individual?	Percentage O	wned
Have any of the above owners ever filed t	for bankrup	су?	Yes	No O	21 100000000			
Officers & Key Individuals								2000-100
ame Title					Years of Exp	erience	Years with Comp	oany
Name		Title			Years of Exp	erience	Years with Comp	oany
Name Titl			Title		Years of Experience		Years with Comp	any
Name		Title		Years of Experience		Years with Comp	oany	
Name		Title	itle			Years of Experience		any
lame Title Years of Experience Years with Company								



CURRENT PROJECTS

List the most significant projects, currently under construction. Attach additional pages if necessary.

Project Name		Project Location				
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration			
Project Owner		Owner's Representative	Owner's Rep Phone #			
Project Architect		Architect's Representative	Architect's Rep Phone #			
General Contractor	The state of the s	GC Representative	GC Rep Phone #			
Project Scheduled Completion	Your Contract Scheduled Completion	Scope of Work your Company is performing	Were you required to Bond this project?			
Project Name		Project Location				
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration			
Project Owner		Owner's Representative	Owner's Rep Phone #			
Project Architect	* ************************************	Architect's Representative	Architect's Rep Phone #			
General Contractor		GC Representative	GC Rep Phone #			
Project Scheduled Completion	Your Contract Scheduled Completion	Scope of Work your Company is performing	Were you required to Bond this project?			
Project Name		Project Location				
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration			
Project Owner		Owner's Representative	Owner's Rep Phone #			
Project Architect		Architect's Representative	Architect's Rep Phone #			
General Contractor		GC Representative	GC Rep Phone #			
Project Scheduled Completion	Your Contract Scheduled Completion	Scope of Work your Company is performing	Were you required to Bond this project?			
Project Name		Project Location				
Overall Project Value Your Company's Contract Value		Total Project Duration	Your Contract Duration			
Project Owner	- August	Owner's Representative	Owner's Rep Phone #			
Project Architect	Constitution of the Consti	Architect's Representative	Architect's Rep Phone #			
General Contractor		GC Representative	GC Rep Phone #			
Project Scheduled Completion	Your Contract Scheduled Completion	Scope of Work your Company is	Were you required to Bond this			



COMPLETED PROJECTS

What is the largest proje	ct your Company has ever complete	ed?					
Project Name		Project Location					
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration				
Project Owner	- Charles	Owner's Representative	Owner's Rep Phone #				
Project Architect		Architect's Representative	Architect's Rep Phone #				
General Contractor		GC Representative	GC Rep Phone #				
Date Completed	Scope of Work performed by your C	Company	I.w.				
List the most significant i	projects completed in the past 5 ve	ars, under vour current busine	ess name. Attach additional pages				
	le projects that were listed as curre						
Project Name		Project Location	THE RESERVE OF THE PARTY OF THE				
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration				
Project Owner	1	Owner's Representative	Owner's Rep Phone #				
Project Architect	**************************************	Architect's Representative	Architect's Rep Phone #				
General Contractor	2 100 (14.1)	GC Representative	GC Rep Phone #				
Date Completed	Scope of Work performed by your C	Company					
Project Name		Project Location					
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration				
Project Owner		Owner's Representative	Owner's Rep Phone #				
Project Architect		Architect's Representative	Architect's Rep Phone #				
General Contractor		GC Representative	GC Rep Phone #				
Date Completed	Scope of Work performed by your C	Company					
Project Name		Project Location					
Overall Project Value	Your Company's Contract Value	Total Project Duration	Your Contract Duration				
Project Owner	J.	Owner's Representative	Owner's Rep Phone #				
Project Architect		Architect's Representative	Architect's Rep Phone #				
General Contractor		GC Representative	GC Rep Phone #				
Date Completed	Scope of Work performed by your C	ompany					



SUBCONTRACTOR/SUPPLIER QUALIFICATION FORM

				HANNEY PORTER TO A PROPERTY OF THE PARTY OF		-	
Insurance	е						
IDC Const	ruction, L	LC will require the fo	ollowing minimum limi	ts with respect to corp	oorate insu	ırance.	
General Lia	ability						
Each Occ	curance	Damage to Rented Premises	Medical Expenses (Each Person)	Personal & Adv Injury	General Aggregate		Products - Completed/ OP Aggregate
\$1,000	,000	\$300,000	\$10,000	\$1,000,000	\$2,000,000		\$2,000,000
Genral Liab	oility must	apply per occurance	Aggregate	limit must apply per	project		
Automobile			1 33 3				
Limits mus	Limits must apply to all owned autos, hired autos and non-owned autos. Combined Single Limit \$1,000,000						
Worker's C	ompensat	tion & Employer's Liab	oility		SH 55/12		
EL Each A	Accident	EL Disease - Each Employee	EL Disease - Policy Limit	Limits must apply to the st		for each st	ate and a Waiver of
\$100,	000	\$100,000	\$500,000	Subrogation must be provi	ded.		
In addition	the the li	imits above, IDC Cons	struction, LLC will red	uire and subcontracto	or and/or s	upplier to	list IDC
			NAL INSURED" and su				
NOTE: The	ese requii	rements are provided	for information purpo	ses only. Contract re	quirements	s may var	у.
Can you pr	ovide insu	urance based on the a	bove requirements?	Yes	No O		
Checklist		11-0-30-01110-0-30-0-30-0-30-0-30-0-30-				Y November 2 (1)	
Yes	No	Is a copy of your Ger	neral Contractor's Lice	ense for all applicable	states atta	iched?	
Yes	No	Is a copy of your Sub	ocontractor's License	for all applicable state	s attached	?	
Yes	No	Is a Certificate of Ins	surance attached?				
Yes	O No						
0	0	Is a Surety Letter att	cached?				
Yes	No O	Is a Financial Statem	ent Attached?				
Yes	No	Is a brief desciption	of all litigation attache	ed?			
Acknowle	daemen	t MUST RE	SIGNED BY AN OF	FICER OF THE COM	PANY		
HOMHO	agemen	7,00.02	DICHED DI JIII GI				
т			certify the	at I am a resident of t	he state of	F	
	I,, certify that I am a resident of the state of						
and am at least 19 years of age. I further certify that the information provided in the document is true and accurate to the							
best of my knowledge.							
Signature (Off	ficer of the (Company)		Date			-
Signature (On							

Title