 Sub-Contractor Qualification

Thank you for your interest in beginning a partnership with DL Morse and Associates, Inc. After 37 years in business, we believe that anybody can do the work. It’s those that care about the work they do and the people they do the work for that make the difference.

To better match future Company opportunities to your Company’s capabilities please complete this form and return to:

DL Morse and Associates, Inc.

1745 Holton Road

Suite B

Muskegon, MI 49445

Phone: 231-719-8328 Fax: 231-719-8527

Email: [info@dlmorse.com](mailto:info@dlmorse.com)

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Business Information | | | | | | | | | | | | | | |
| Legal Business Name: | | |  | | | | | Federal ID #: | | | | |  | |
| DBA: | | |  | | | | | | | | | | | |
| Street Address: | | |  | | | | | | | | | | | |
| City, State, Zip: | | |  | | | | | | | | | | | |
| Phone: | | |  | | | | | Email Contact: | | | |  | | |
| Fax: | | |  | | | | | Website: | | | |  | | |
|  | | | | | | | | | | | | | | |
| Estimator (RFP) Contact: | | |  | | | | | Phone: | | | |  | | |
| Email: | | |  | | | | | Fax: | | | |  | | |
|  | | | | | | | | | | | | | | |
| Please list all states the company is legally qualified and willing to do business in: (attach separate sheet if necessary) | | | | | | | | | | | | | | |
|  |  |  | | | |  |  | | |  | |  | |  |
|  |  |  | | | |  |  | | |  | |  | |  |
| Comments: | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| MBE/WBE/SBE Certification: | | | Yes  No | | List: | | |  | | | | | | |
|  | | | | | Agency: | | |  | | | | | | |
|  | | | | | Other: | | |  | | | | | | |
|  | | | | | | | | | | | | | | |
| Name & Title of Owners/Officers/Partners: | | | | | Name | | | | | | Title | | | |
|  | | | | |  | | | | | |  | | | |
|  | | | | |  | | | | | |  | | | |
|  | | | | |  | | | | | |  | | | |
|  | | | | | | | | | | | | | | |
| Type of Business: | | | |  | | | | | | | | | | |
| Building Types Worked in: | | | | Industrial | | | | | Educational | | | | | |
|  | | | | Retail | | | | | Mall | | | | | |
|  | | | | Restaurant | | | | | Multi-Site | | | | | |
|  | | | | Community / Service | | | | | Financial | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Founding/Organization Date: | |  | | | | | | | Years Under Current Name: | | | | | |  | | | | |
| Previous Business Name: | |  | | | | | | | Years Under Previous Name: | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Are you affiliated with any Parent or Subsidiary Companies? | | | | | | | | | Yes, if yes, please list names & affiliations below  No | | | | | | | | | | |
|  | | | | | | | | | Business Name | | | | | | Affiliation / Relationship | | | | |
|  | | | | | | | | |  | | | | | |  | | | | |
|  | | | | | | | | |  | | | | | |  | | | | |
|  | | | | | | | | |  | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| How Do You Primarily Operate? | | |  | | | | | | | | | | | | | | | | |
| If Union, Which Unions and Agreements? | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| What Percent of Your Contracts Do You: | | | Self Perform: | | | | | |  | | | | | | | | | | |
|  | | | Contract Out: | | | | | |  | | | | | | | | | | |
| List Trades You Normally Contract Out: | | |  | | | | | | | | | | | | | | | | |
|  | | |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Current Number of Full Time Employees: | | | Office: | | | |  | | | | Field Super: | |  | | | Field Team: | | |  |
| **FINANCIAL / LEGAL INFORMATION** | | | | | | | | | | | | | | | | | | | |
| Last Three Years Sales: | | Dollars: | | | |  | | | | | | # of Projects: | | | | |  | | |
|  | | Dollars: | | | |  | | | | | | # of Projects: | | | | |  | | |
|  | | Dollars: | | | |  | | | | | | # of Projects: | | | | |  | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do You Have Bonding? | | Yes  No | | | | Single Project Limit: | | | | | |  | | | | | | | |
|  | |  | | | | Aggregate Limit: | | | | | |  | | | | | | | |
|  | |  | | | | Bond Rate: | | | | | |  | | | | | | | |
|  | |  | | | | Bond Company: | | | | | |  | | | | | | | |
|  | |  | | | | Address: | | | | | |  | | | | | | | |
|  | |  | | | | Phone: | | | | | |  | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Has your company or any of its owners or offices been involved in any litigation, mediation, arbitration, prosecution or defense in connection with any contract, project or sub-contract? | | | | | | | | | | | | | | | | | | | |
| Yes  No | Explanation: |  | | | | | | | | | | | | | | | | | |
| Have you ever failed to complete a contract, been defaulted or had a contract terminated? | | | | | | | | | | | | | | | | | | | |
| Yes  No | Explanation: |  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| List Current Major Projects: | | Project: | |  | | | | Amount: | | | |  | | Completed: | | | |  | |
|  | | Project: | |  | | | | Amount: | | | |  | | Completed: | | | |  | |
|  | | Project: | |  | | | | Amount: | | | |  | | Completed: | | | |  | |
|  | | Project: | |  | | | | Amount: | | | |  | | Completed: | | | |  | |
| List Contractor References: | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
|  | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
|  | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
|  | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
| Supplier References: | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
|  | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
|  | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
|  | | Company: | |  | | | | Phone: | | | |  | | Contact: | | | |  | |
| **SAFETY** | | | | | | | | | | | | | | | | | | | |
| Insurance Agency: | | Agency Name: | | |  | | | | | | | | | | | | | | |
| (Please attach a copy of your certificate) | | Address: | | |  | | | | | | | | | | | | | | |
|  | | Phone: | | |  | | | | | | | | | | | | | | |
|  | | Fax: | | |  | | | | | | | | | | | | | | |
|  | | Email: | | |  | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| How many OSHA Violations? | | 2012: | | |  | | | | |  | | | | | | | | | |
|  | | 2011: | | |  | | | | |  | | | | | | | | | |
|  | | 2010: | | |  | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |
| Do you have a written company safety program? | | | | | Yes, If yes, please attach.  No | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | |

The undersigned warrants and represents all data provided is accurate in all respects.

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name: |  | | |
| Prepared By: |  | Its, |  |
| Signature: |  | Date: |  |

For your convenience, we have attached a transmittal form on the next page. Please return completed form and attachments to:

DL Morse and Associates, Inc.

1745 Holton Road

Suite B

Muskegon, MI 49445

Phone: 231-719-8328 Fax: 231-719-8527

Email: [info@dlmorse.com](mailto:info@dlmorse.com)



**Letter of Transmittal**

|  |  |  |  |
| --- | --- | --- | --- |
| **To:** | [info@dlmorse.com](mailto:info@dlmorse.com) | **From:** |  |
| **Company:** | DL Morse and Associates, Inc. | **Company:** |  |
| **Address:** | 1745 Holton Road, Suite B.  Muskegon, MI 49445 | **Date:** |  |
|  |  | |

|  |  |
| --- | --- |
| **RE:** | **Sub-contractor Qualification** |
| **SENT VIA:** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Transmitted:** | Specific Project Review | Name of Project: |  |
|  | For General Review |  |  |
| As Requested |  |  |
| For Your Information |  |  |
| Please Reply |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Attachments:** | Safety Program/Policy | Number of Pages: |  |
|  | Insurance Certification | Number of Pages: |  |
| Additional References | Number of Pages: |  |
| Other | Number of Pages: |  |

|  |  |
| --- | --- |
| **COMMENTS:** |  |
|  |