



# Felderman Design-Build

## Subcontractor Qualification Summary

**Company Information:**

Date: \_\_\_\_\_

Company Name: \_\_\_\_\_ Website: \_\_\_\_\_

Legal name (if different): \_\_\_\_\_

Company Address: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Emergency # (injury/weekend) \_\_\_\_\_

**Type of Work:**

<input type="checkbox"/> Concrete	<input type="checkbox"/> Doors/Windows	<input type="checkbox"/> Electrical	<input type="checkbox"/> Engineered Wood Systems	<input type="checkbox"/> HVAC
<input type="checkbox"/> Excavation	<input type="checkbox"/> Fire Protection	<input type="checkbox"/> Floor Covering	<input type="checkbox"/> Equipment Supplier	<input type="checkbox"/> Metal Building
<input type="checkbox"/> Insulation	<input type="checkbox"/> Landscaping	<input type="checkbox"/> Masonry	<input type="checkbox"/> Interior Finishes	<input type="checkbox"/> Other: please specify
<input type="checkbox"/> Painting	<input type="checkbox"/> Plumbing	<input type="checkbox"/> Roofing	<input type="checkbox"/> Overhead Doors	
<input type="checkbox"/> Steel Framing or Erection	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Specialty Contractor		

1. How many years has your organization been in business under its present business name? \_\_\_\_\_

2. Under what other or former names has your organization operated? \_\_\_\_\_

3. Number of employees: \_\_\_\_\_ Office: \_\_\_\_\_ Field: \_\_\_\_\_

**Claims and Suites:** (If the answer to any of the questions below is yes, please attach details)

1. Has your organization ever failed to complete any work awarded to it: \_\_\_\_\_

2. Are there judgements/claims or suits pending/outstanding against your organization/officers? \_\_\_\_\_

3. Has your organization filed any law suites or requested arbitration with regard to construction contracts within the last 5 years? \_\_\_\_\_

**References:** (Please list the company name, contact, phone number, and address of three references who have worked directly with your company.)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Experience:** (Please list the project name, company contracted with, and the contract value of your three largest projects worked on)

1. \_\_\_\_\_

2. \_\_\_\_\_

**Subcontractor Qualification Summary – Cont'd**

3. \_\_\_\_\_
4. How many projects does your company currently have in progress? \_\_\_\_\_ Total Dollar Value: \_\_\_\_\_
5. What does your company offer that will benefit Felderman Design-Build? \_\_\_\_\_  
\_\_\_\_\_
6. What makes your company stand out from competitors in the same trade? \_\_\_\_\_  
\_\_\_\_\_

**Insurance:** Please provide Felderman Design-Build with an accurate and current Certificate of Insurance. Please show all insurance coverages and Subcontractor is required to have the following minimum coverages:

**\*\*Felderman Management Corp must be listed as additional insured on Certificate of Insurance\*\***

- **General Liability:** Bodily injury & property damage: \$1,000,000 each occurrence and \$2,000,000 each aggregate.
- **Auto Liability:** Bodily injury & property damage: \$1,000,000 each person & each accident.
- **Worker's Compensation:** Statutory Indiana coverage with \$500,000 employer's liability. (If company is only made up of (1) personnel and does not have Worker's Compensation, they are required to get a waiver from the State of Indiana releasing them of Worker's Compensation insurance coverage. Felderman Design-Build requires a copy of this waiver in hand for the company to be an eligible subcontractor along with their current insurance coverage)
- **Waiver of Subrogation:** Subcontractor shall provide waiver of subrogation in favor of Contractor and Owner as applies to the General Liability and Worker's Compensation coverage.

**Current Experience Modification Rate:** \_\_\_\_\_

***Direct Subcontracting:***

1. No contractual relationship (direct subcontracting) shall exist between this Subcontractor and the Owner of any Felderman Design-Build project without written approval from Felderman Design-Build. (sign) \_\_\_\_\_
2. Will additional companies be used to perform work on Felderman Design-Build projects (please specify who if known) .  
\_\_\_\_\_
3. Will independent contractors (non-employees) of your company be contracted to complete any work? \_\_\_\_\_

***Testimony:***

I \_\_\_\_\_ of \_\_\_\_\_ state that the information provided above in the Felderman Design-Build Subcontractors Qualification Summary is true and sufficiently complete so as not to be misleading.

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*Please submit a W-9 and Certificate of Insurance per above requirements along with this completed Qualification Summary Form\*\***