



## Facsimile Transmittal

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**Morgan-Keller, Inc.**

phone: 301-663-0626

fax: 301-695-0426

70 Thomas Johnson Drive

Suite 200

Frederick, MD 21702

To: \_\_\_\_\_

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

Fax #: \_\_\_\_\_

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

From: Jill Williams

Subject: Qualification Statement

Number of pages: 11 – including cover sheet

Comments: Please fill out the following pages. Please note that our insurance requirements are attached and that we pay on the 25<sup>th</sup> of every month for invoices received by the prior 25<sup>th</sup>.

**For approval, we must have the following:**

- 1. Experience Modification Rating (EMR) for the previous 3 years (page 7)**
- 2. Completed OSHA 300 Log (page 7)**
- 3. Minority Status (page 8)**
- 4. Correct fax numbers for supplier credit references (pages 3 & 4) and 3 references, if possible.**

**Please note that we require completion of this form prior to releasing any payments. Thank you.**

*Confidentiality Notice:*

*The information in this transmission is intended only for the individual or entity named above. It may be legally privileged and confidential. If you have received this information in error, please notify us immediately and send the original transmission to us by mail. Return postage is guaranteed. If the reader of this message is not the intended recipient, you are hereby notified that any disclosure, dissemination, distribution or copy of this communication or its contents is strictly prohibited.*

**SUBCONTRACTOR'S QUALIFICATION STATEMENT**

Morgan-Keller, Inc., has a legitimate interest in knowing that subcontractors have the ability to complete their contracts. This standard form questionnaire is intended to assist the subcontractor in providing the necessary information to us.

**TO:** \_\_\_\_\_  
**Attn:** \_\_\_\_\_  
**PH:** \_\_\_\_\_  
**VIA email** \_\_\_\_\_

**DATE:** \_\_\_\_\_

Please complete the following and return to the attention of:

**JILL WILLIAMS**

SUBCONTRACTOR/VENDOR: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

AUTHORIZED PERSON: \_\_\_\_\_

PHONE NUMBER: (\_\_\_\_) \_\_\_\_\_

FAX NUMBER: (\_\_\_\_) \_\_\_\_\_

CHECK ONE: Corporation \_\_\_\_\_ Partnership \_\_\_\_\_ Individual \_\_\_\_\_ Other \_\_\_\_\_

MINORITY BUSINESS ENTERPRISE: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, describe \_\_\_\_\_

TYPE OF WORK PERFORMED/ \_\_\_\_\_

CSI CLASSIFICATION: \_\_\_\_\_

**MORGAN-KELLER USE ONLY**

<b>Construction Approved:</b>	Yes _____	No _____
<b>Financial Approved:</b>	Yes _____	No _____
<b>Safety Approved:</b>	Yes _____	No _____

**A. ORGANIZATION**

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

\_\_\_\_\_

2. Under what other (or former) names has your organization operated and how long did your organization operate?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. If your organization is a corporation, answer the following:

a. Date of incorporation: \_\_\_\_\_

b. State of incorporation: \_\_\_\_\_

c. President's name: \_\_\_\_\_

d. Vice President's name(s): \_\_\_\_\_

\_\_\_\_\_

e. Secretary's name: \_\_\_\_\_

f. Treasurer's name: \_\_\_\_\_

4. If your organization is a partnership, answer the following:

a. Date of organization: \_\_\_\_\_

b. Type of partnership (if applicable): \_\_\_\_\_

\_\_\_\_\_

c. Name(s) of general partner(s): \_\_\_\_\_

5. If your organization is individually owned, answer the following:

a. Date of organization: \_\_\_\_\_

b. Name of owner(s): \_\_\_\_\_

\_\_\_\_\_

**B. LICENSING**

1. List jurisdictions and trade categories in which you are legally qualified to do business. List registration or license numbers by state and county.

\_\_\_\_\_

\_\_\_\_\_

C. EXPERIENCE

1. Claims and Suits (if the answer to any of the questions below is yes, be specific):

a. Has your organization ever failed to complete any work awarded to it? If yes, please explain \_\_\_\_\_

b. Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

c. Has your organization filed any law suits or requested arbitration with regard to construction contracts in the last five years? If yes, please explain  
\_\_\_\_\_  
\_\_\_\_\_

d. Within the last five years, has any officer or principal of your organization ever been an officer or principal of another organization when it failed to complete a construction contract? If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. State annual amount of construction work performed during the past three years with most recent first.

	<u>Year</u>	<u>Amount</u>
1 <sup>st</sup>	_____	\$ _____
2 <sup>nd</sup>	_____	\$ _____
3 <sup>rd</sup>	_____	\$ _____

D. REFERENCES

1. List three suppliers for credit references. (The Company name, address and complete phone and fax numbers MUST be included for this application to be processed).

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Subcontractor Qualification Statement  
Page 4

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

2. List three general contractors and/or owners for trade references. (The Company name, address, contact person, and complete phone and fax numbers MUST be included for this application to be processed).

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

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Contact: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

3. Name of Bonding Company (include phone number): \_\_\_\_\_  
\_\_\_\_\_

4. Name and address of agent (include phone number): \_\_\_\_\_  
\_\_\_\_\_

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Subcontractor Qualification Statement  
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***NOTE: In order to process the supplier references listed, the attached authorization form needs to be signed and titled by an authorized individual. Please sign the authorization line at the bottom of the form; we will complete the form when the references are contacted.***

**The undersigned certifies under oath that the information provided herein is true and sufficiently complete so as not to be misleading.**

**AUTHORIZED SIGNATURE:**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_

Name of Organization: \_\_\_\_\_

By: \_\_\_\_\_

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

Title: \_\_\_\_\_

**MORGAN-KELLER, INC.**

**REQUEST FOR CONFIDENTIAL CREDIT INFORMATION**

The company listed below has given your name as a credit reference. We would appreciate it if you would share your credit experience with us. To permit you to share this information with us, the company has authorized release of the information by their signature in the space provided below.

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Length of Relationship \_\_\_\_\_

Credit Limit \_\_\_\_\_

High Credit Extended \_\_\_\_\_

Terms \_\_\_\_\_

Account Balance \_\_\_\_\_

Current \_\_\_\_\_

Past Due \_\_\_\_\_

**Payment History:**

( ) Discounts

( ) Prompt

( ) Slow \_\_\_ Days

( ) Collection

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

**AUTHORIZATION TO RELEASE CREDIT INFORMATION**

The undersigned authorizes the responding company to release all information contained on this inquiry.

Signature \_\_\_\_\_ Title \_\_\_\_\_

**MORGAN-KELLER, INC.**

**SUBCONTRACTOR SAFETY PRE-QUALIFICATION**

Please submit your Experience Modification Rating (EMR) for the previous three years. Your insurance broker or workman's comp insurance company can provide you with this number. *Note that this is mandatory for approval.*

\_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_  
\_\_\_\_\_ Year \_\_\_\_\_

**Please submit your completed OSHA 300 Log for each of the previous three years unless exempted by OSHA 1904 (1), (2), and (3).**

Please submit a copy of your written safety program if available.

Please submit the name and phone number for the person responsible for safety issues within your organization.

NAME \_\_\_\_\_  
PHONE # \_\_\_\_\_

Please list any OSHA, MOSH, VOSH, or other agency safety violations which have become final within the last three years.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you currently have any pending violations with any of the above mentioned agencies which have not been adjudicated?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please submit a complete list of active jobsites for visits by our Safety Department.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## MINORITY STATUS

**Please circle all that apply.**

Federal Classifications -

- 01 - 8(a) contractor
- 02 - Native American Owned
- 03 - Emerging Small Business
- 04 - GSA Advantage
- 05 - HUB Zone (Historically Underutilized Business Zone)
- 06 - Small Disadvantaged Business
- 07 - Minority Owned - Includes African American, Pacific Rim, Hispanic
- 08 - Indian Sub-Continent
- 09 - Women Owned
- 10 - Veteran Owned
- 11 - Service Disabled Veteran Owned
- 12 - HBCU/MI - Historically Black Colleges and Universities/Minority Institutions

Metro Washington Airport Authority Classifications -

- 13 - Woman Owned
- 14 - Locally Disadvantaged Business Enterprises
- 15 - Metro Washington Airport Authority Disadvantaged Business Enterprise

Maryland Department of Transportation Classifications -

- 16 - Minority Business Enterprise
- Please list the classification \_\_\_\_\_
- 17 - Disadvantaged Business Enterprise

\_\_\_\_\_ Check here if you are not a minority company.