




MEMORANDUM

Date: April 1, 2010

TO: Interested Subcontractors

FROM: Rebecca Burleson 
Linbeck/Zachry, Client Executive

RE: Joint Venture Subcontractor Qualification

Thank you for your interest in doing business with the Linbeck Zachry Joint Venture. We are excited about the prospect of adding new qualified businesses to our approved subcontractor and vendor supply chain. Subcontractor qualification is an important part of any insurance and bonding program and we appreciate the effort that you will put forth to provide the necessary information to perform work on our projects.

Attached please find and completely fill out the Subcontractor Qualification Questionnaire. If you have any questions regarding this form or where to submit this information, please contact Betty Sauber by phone or e-mail and she will be glad to assist.

If you are interested in participation in the **Bexar County Performing Arts Center** project, please also note that two additional subcontractor/vendor information sheets are required and are included in this package for reference. This information IS NOT part of the qualification determination process. This information will be used for reporting participation in contracting awards only. If you have any questions regarding these forms, also feel free to contact us.

On behalf of all the members of Linbeck/Zachry Joint Venture, thank you again for your interest. We are looking forward to doing business with you!

Direct all inquiries to:

Ms. Betty Sauber
Linbeck/Zachry Supply Chain Coordinator
201 Main Street, Suite 1801
Fort Worth, Texas 76102

bsauber@linbeck.com

phone: 817.348.3708

Fax: 817.332.7037



SUBCONTRACTOR QUALIFICATION STATEMENT
Texas Region, Revision 05.10

*Please answer all questions fully and completely.
Failure to provide a complete response to every question
will delay the qualification process.*

Return the completed Qualification Statement to:

***Linbeck Group, LLC
201 Main St. Suite 1801
Fort Worth, TX 76102***

***Attention: Estimating
bsauber@linbeck.com
817.332.8494
817.332.7037 fax***

THE FOLLOWING INFORMATION IS REQUESTED FOR QUALIFICATION PURPOSES ONLY AND IS NOT SPECIFIC TO ANY PARTICULAR JOB. LINBECK AWARDS SUBCONTRACTS BASED UPON A VARIETY OF FACTORS AND RESERVES THE RIGHT TO AWARD SUBCONTRACTS IN ITS SOLE DISCRETION

1. GENERAL CONTACT INFORMATION

- a. Company Name:
(Complete attached W-9)
- b. Mailing Address:

- c. Physical Address (if different from above):

- d. Principal Office Address (if different from above):

- e. Company's Primary Contact Name and email address:

- f. Bid Contact Names And Specialties (Please fill in box below):

NAME & TITLE	E-MAIL ADDRESS	TRADE EXPERTISE

- g. Phone:

- h. Fax:

- i. Web Address:

- j. Federal Tax ID Number (**Mandatory**):

- k. Trade/Type Of Work (Circle all that apply):

- | | | | |
|-------------------|---------------------|-------------------|-----------------------|
| Earthwork | Concrete | Reinforcing Steel | Cement Finish |
| Structural Steel | Precast Concrete | Masonry/Stone | Roofing/Sheet Metal |
| Waterproofing | Rough Carpentry | Misc. Metals | Building Specialties |
| Millwork/Casework | Doors/Frames/Hdw. | Drywall | Lath/Plaster |
| Fireproofing | Acoustical Ceilings | Insulation | Painting/Wallcovering |
| Flooring | Glass/Glazing | Electrical | HVAC |
| Plumbing | Fire Protection | Conveying Systems | Demolition |
| Sitework | Equipment (specify) | _____ | |
| Other _____ | | | (please describe) |

2. COMPANY INFORMATION

- a. How many years has your company been in business as a contractor?
- b. Under what other or former names has your company operated? (if none, please write “none”)
- c. If your company is a corporation or partnership, please answer the following:
 - (1) Date of Incorporation or Formation:
 - (2) State of Incorporation or Formation:
 - (3) President, Managing Partner or Manager’s Name:

3. LICENSE, UNION AND EXPERIENCE INFORMATION

- a. List the jurisdictions and trade categories in which your company is legally qualified to do business, and indicate registration or license numbers, if applicable.
- b. If your company holds any local, state or federal certification as a Minority or Disadvantaged Business Enterprise (for example, MWDBE, MBE, WBE, HUB), please identify which classification and provide a copy of the certification(s).
- c. List the categories of work that your company normally performs with its own forces.
- d. Has your company ever failed to complete any work awarded to it? If so, please explain.
- e. On a separate sheet, list the major projects your company has completed in the past **two (2) years**. Provide the name of the project, owner, architect, general contractor, contract amount, completion date and percentage of the work performed with your own workers.
- f. On a separate sheet, list the major projects your company has **in progress**. Provide the name of the project, owner, architect, general contractor, contract amount, percent complete and scheduled completion date.
- g. State your average yearly volume of work for the last three years.
20____: \$_____ 20____: \$_____ 20____: \$_____
- h. On a separate sheet, list three (3) trade references.

- b. Provide evidence, either on **an insurance certificate or in a letter from your insurance agent**, that your company's insurance policies contain the following requirements or endorsements. Linbeck's insurance template is attached for your use.

- (1) Waiver of Subrogation on W/C, CG/L, A/L, Ex/L
- (2) Additional Insured on CG/L, A/L, Ex/L (form CG 20101185 or an equivalent)
- (3) Primary and Non-Contributory on CG/L, Ex/L
- (4) Completed Operations for Additional Insureds
- (5) General Aggregate per Project/Job on CG/L

- c. Does your current General Liability policy **exclude** residential / habitational coverage?

_____ Yes _____ No

- d. Does your current General Liability policy **exclude** coverage for EIFS?

_____ Yes _____ No

- e. Does your company use leased workers to perform any part of your work?

_____ Yes _____ No

If Yes: Name of leasing company: _____
Leasing company's state license no. _____

- e. Furnish Workers Comp Risk I.D. Number: _____

- f. Provide your company's Worker's Compensation Experience Modifiers for the last **two (2) years**:

20____ (current year) 20____ (prior year)

If your Worker's Compensation Experience Modifier **equals or exceeds 1.18**, please provide a letter from your insurance company that specifically explains the factors that contributed to this rate.

- g. Has your company rejected Workers Compensation coverage in the State of Texas?

_____ Yes _____ No



Subcontractor Qualification Statement

h. Does your company have a written safety program and drug policy statement that could be reviewed by Linbeck/Zachry’s insurance representative prior to contracting for work? Note that you may be asked to submit these program documents if awarded a subcontract.

_____ Yes _____ No

6. AUTHORIZED SIGNATURE

The undersigned certifies that the information provided in this Subcontractor Qualification Statement is true and sufficiently complete so as not to be misleading and that the undersigned is a duly authorized representative of Subcontractor.

Dated this _____ day of _____, 20_____.

Name of Company: _____

By: _____

Printed Name: _____

Title: _____

Please return the completed Subcontractor Qualification Statement to:

Linbeck Group, LLC
201 Main St. Suite 1801
Fort Worth, TX 76102
Attn: Estimating
bsauber@linbeck.com

