



**Bartlett Cocke General Contractors
Subcontractor Qualification Form**

8706 Lockway
San Antonio, Texas 78217-4837
210-655-1031

Company Name:			Date:		
<u>Type of work or service/Trade(s):</u>					
Billing Address					
Address:		PO Box:			
City:		City:			
State:		Zip:	State:	Zip:	
Point of Contact:			Phone:		
Email Address:			FAX:		
Does your company qualify as (check all that apply & attach certificates):					
SBE: <input type="checkbox"/> MBE: <input type="checkbox"/> WBE: <input type="checkbox"/> State of Texas Historical Underutilized Business(HUB): <input type="checkbox"/>					
Certification #'s					
Veteran Owned: <input type="checkbox"/> Service Disabled Veteran: <input type="checkbox"/> 8a: <input type="checkbox"/> HubZone-Federal: <input type="checkbox"/>					
List your Company's Experience Modification Rate (EMR) for the past three years.					
Year:	EMR:	Year:	EMR:	Year:	EMR:
Has your Company received any OSHA citations in the last three years?					
Date and location of OSHA Citations:					
Has your Company performed work for Bartlett Cocke in the past? If yes, please complete:					
Project Name	Superintendent	Project Manager	Final Contract Amount		
Three largest projects performed in the past three years:					
Customer/Location	Your Contract Amount	Contact	Contact Phone #		
Annual Dollar Volume for the past three years:					
Year					
Annual Dollar Volume					
Surety Company:			Agent Name & Phone #:		
Bonding Capacity:					
Bonding Rating:	D&B Rating:	Dunn's #:	Tax ID:		
Include a current copy of Certificate of Insurance					
Insurance	Carrier Name	Limits of Coverage	Date Expires		
Worker Compensation					
General Liability					
Excess/Umbrella					
Automobile Liability					
Professional Errors & Omissions					
Name of Bank:					
Address:		PO Box:			
City:		City:			
State:		Zip:	State:	Zip:	
Point of Contact:			Phone:		
Please email form to PRogers@bartlettcocke.com or fax to 210-655-1327 with copy of Audited Financial Statement.					