INTEGRITY | INNOVATION | INFORMATION

Sub-Contractor Qualification Questionnaire

Welcome new subcontractors & vendors!

To better serve our clients, 3i CM (Construction Management) LLC maintains an approved subcontractor/vendor list that is continuously reviewed and updated. 3i CM LLC requires that all new subcontractors and vendors submit a response to our "Contractor Qualification Questionnaire." All submitted information is held in strict confidence.

- Fill out the form completely
- RETURN AS SHOWN BELOW the completed information for along with your current financial statement and other required attachments as follows:

1. Via email: estimating@3icm.com
2. Mail: 1111 W. Mockingbird Ln. Ste 1050 | Dallas, Texas 75247

Be sure to provide all requested details to prevent any delay in the approval process.

Thank you
3i LLC

3i

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Contractor Qualification Questionnaire

1. Company: _____
2. Address: _____
   _____
   _____
3. Website: _____
4. Phone: _____ Fax: _____

5a. Corporate Contact Person(s): _____

5b. Corporate Contact Email(s): _____

6a. Estimating Contact Person(s): _____

6b. Estimating Contact Email(s): _____

7. How many years has your firm been in business as a contractor? _____

   How many years has your firm been in business under its present name? _____

   Under what other or former names has your organization operated? _____

   _____

8. Type of organization (please check one):

   ☐ Corporation ☐ Partnership

   ☐ Individually owned ☐ Other (describe) _____

   Date of incorporation or organization: _____

   Please provide names & titles of principals (e.g., CEO, president, partners, owner):

   _____

   _____

   _____

   _____

9. Is your company union or non-union? _____

   If union, please list all locals that you are signatory to:

   _____ _____

   _____ _____

   _____ _____

   _____ _____

   _____ _____

10. Please list jurisdictions and trade categories in which your organization is legally qualified to do business, and indicate registration or license numbers, if applicable.

_____ _____

_____ _____

_____ _____

Please list jurisdictions in which your organization's partnership or trade name is filed.

_____

_____

11. Minority status:

Is your company certified as any of the following? (Please check all that apply and *attach a copy of your Business Enterprise certificate(s)*.)

☐ MBE ☐ SBE ☐ VBE ☐ HUB

☐ WBE ☐ DBE ☐ SDVO Other (describe) _____

12. Is your company a Dallas Based Enterprise? ☐ Yes ☐ No

13. Does your company have a surety bonding program? ☐ Yes ☐ No

If yes, please complete the following:

Bonding capacity (single project): $_____

Bonding capacity (multiple projects): $_____

Bonding Company Name: _____

Address: _____

Agent's Name: _____

Phone Number: _____

Provide a bonding capacity letter on the surety's letterhead dated within the last 60 days stating single and aggregate capacity amounts, signed by the Attorney-in-Fact, with the power of attorney attached.

14. Annual volume of work:

2025	$_____
2024	$_____
2023	$_____
2022	$_____

15. Preferred Market(s): (Please check all that apply)

- ☐ Health Care / Hospital
- ☐ Educational
- ☐ Industrial
- ☐ Commercial
- ☐ Multi-unit Housing
- ☐ Airport
- ☐ Church
- ☐ Jail/Prison
- ☐ Design-build
- ☐ Waste Water Treatment

16. Division(s) of Work: (Please check all that best describe your company's function)

- ☐ Div. 2 Earthwork
- ☐ Div. 3 Concrete
- ☐ Div. 4 Masonry
- ☐ Div. 5 Metals
- ☐ Div. 6 Carpentry
- ☐ Div. 7 Thermal & Moisture Protection
- ☐ Div. 8 Doors & Windows
- ☐ Div. 9 Finishes
- ☐ Div. 10 Specialties
- ☐ Div. 11 Equipment
- ☐ Div. 12 Furnishings
- ☐ Div. 13 Special Construction
- ☐ Div. 14 Conveying Systems
- ☐ Div. 15 Mechanical
- ☐ Div. 16 Electrical
- ☐ Other (please list) _____

17. Preferred Region(s) of Work: (Please check all that apply)

- ☐ Dallas County
- ☐ Tarrant County
- ☐ Denton County
- ☐ Collin County
- ☐ Harris County
- ☐ Fort Bend County
- ☐ Montgomery County
- ☐ Texas Statewide
- ☐ Bexar County
- ☐ Other _____

18. Preferred Cities to do Work: (Please check all that apply)

☐ Dallas ☐ Fort Worth

☐ Other (please list) _____

19. OUT OF STATE: (Please list the States your company is licensed to do business in)

_____

_____

_____

_____

20. What is your firm's project size capacity? (Please state minimum and maximum project values.) Minimum: $_

Maximum: $_____

21. Preferred Scope Size: (Please check all that apply)

☐ Under $50,000	☐ $50,000 to $100,000
☐ $100,000 to $200,000	☐ $200,000 to $500,000
☐ $500,000 to $1,000,000	☐ $1,000,000 to $3,000,000
☐ $3,000,000 to $6,000,000	☐ $6,000,000 to $10,000,000
☐ $10,000,000 to $15,000,000	☐ Over $15,000,000

22. Safety

Do you have a written Safety Program? ☐ Yes ☐ No

Current Incident Rating: _____

(To calculate: [# (Recordable Injuries or Lost Work Day Injuries) x 200,000] = Incident Rate
Exposure Hours (RIR or LWIR)

Please provide your company's Experience Modification Rate (EMR) for the past three years, and *attach proof of current EMR from your insurance agent*.

Year: 2025 EMR Rating: _____

Year: 2024 EMR Rating: _____

Year: 2023 EMR Rating: _____

Year: 2022 EMR Rating: _____

Has OSHA cited you in the past three years? ☐ Yes ☐ No
If yes, explain in detail and *attach to this form*.

Are you registered with Safe2Work? ☐ Yes ☐ No
Do you have the required number of modules completed? ☐ Yes ☐ No

23. Does your firm have AutoCAD capability? ☐ Yes ☐ No
Auto Desk Management ☐ Yes ☐ No
Procore Management ☐ Yes ☐ No

24. Does your firm have design/build capability? ☐ Yes ☐ No

If yes, please provide the following information:

Typical amount of work self-performed: _____%

Total number of employees: _____

List design/build projects completed within the past two years:

_____

_____

_____

25. References

Owners / General Contractors

Company Name: _____
Contact Person / Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person / Title: _____
Address: _____
Phone: _____ Fax: _____

Company Name: _____
Contact Person / Title: _____
Address: _____
Phone: _____ Fax: _____

Architects

Company Name: _____
Contact Person / Title: _____

Address: _____

Phone: _____

Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Suppliers

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

25. References

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

Company Name: _____

Contact Person / Title: _____

Address: _____

Phone: _____ Fax: _____

26. What is your DUNS number? _____

27. What is your Dun & Bradstreet (D&B) rating? _____

28. Please list your professional liability insurance carrier and limits

29. Experience

Please list projects currently in progress

Owner/Project	Architect	Contract Amount	Percent Complete	Type

Please list projects completed within the past two years

Owner/Project	Architect	Contract Amount

30. Claims & Suits (If the answer to any of the questions below is yes, *please attach details.*)

Has your organization ever failed to complete any work awarded to it? ☐ Yes ☐ No

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? ☐ Yes ☐ No

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? ☐ Yes ☐ No

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? ☐ Yes ☐ No

31. Please attach the most recent CPA prepared financial statements and internal financial statements not greater than 120 days old which must include a balance sheet and income statement.

Do you have a working capital line of credit? ☐ Yes ☐ No

Line of Credit Amount: _____

Current backlog amount: _____

Financial Institution Name: _____

Contact Name: _____

Contact Phone Number: _____

Contact E-Mail Address: _____

Bank Address: _____

_____

Is the attached financial statement for the organization named on page one? ☐ Yes ☐ No

If not, please explain the relationship and financial responsibility of the organization whose financial statement is provided (e.g., parent, subsidiary).

Will the organization whose financial statement is attached act as a guarantor of the contract for construction? ☐ Yes ☐ No

Signature Section

Name	Position	Date