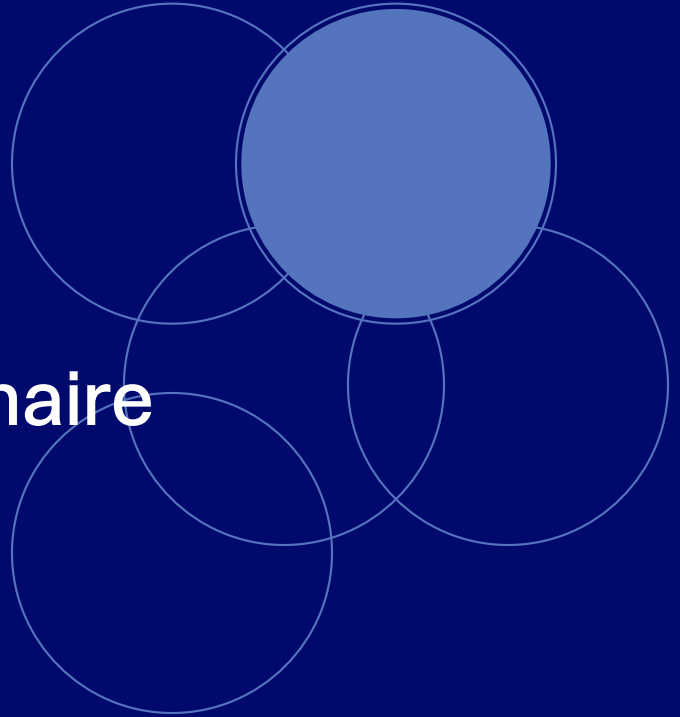




Subcontractor Qualification Questionnaire

INTEGRITY | INNOVATION | INFORMATION



Welcome, subcontractors and vendors

3i Construction Management maintains an approved subcontractor and vendor list that is reviewed and updated regularly. Complete every applicable field and provide the requested supporting documents so we can evaluate your firm accurately.

Submission instructions

- 1 Complete the fillable form and save a copy for your records.
- 2 Attach current financial statements, bonding letter, certificates, EMR proof, and any requested explanations.
- 3 Email the completed package to estimating@3icm.com or mail it to the address below.

3i Construction Management, LLC

1111 W. Mockingbird Ln., Suite 1050 | Dallas, Texas 75247

P. 214.231.0675 | F. 214.231.0672 | estimating@3icm.com

All submitted information is handled in strict confidence.

COMPANY PROFILE

Company details

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

Primary contacts

5a. Corporate contact person(s)	
5b. Corporate contact email(s)	
6a. Estimating contact person(s)	
6b. Estimating contact email(s)	

Business history

7. Years in business as a contractor	
Years in business under present name	
Other or former names	

8. Type of organization (check one)

- | | |
|---|--------------------------------------|
| ☐ Corporation | ☐ Partnership |
| ☐ Individually owned | ☐ Other |

Date of incorporation or organization

Names and titles of principals (CEO, president, partners, owner)

9. Is your company union or non-union?

☐ Union ☐ Non-union

If union, list all locals to which the company is signatory

COMPANY PROFILE

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

Jurisdictions in which the organization's partnership or trade name is filed

11. Minority status - check all current certifications and attach copies of the certificates.

☐ MBE

☐ WBE

☐ SBE

☐ DBE

☐ VBE

☐ SDVO

☐ HUB

☐ Other

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, complete the following

Single capacity \$

Aggregate capacity \$

Bonding company

Address

Agent name

Phone

REQUIRED ATTACHMENT

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

BUSINESS PROFILE

14. Annual volume of work

2025	\$	
2024	\$	
2023	\$	
2022	\$	

15. Preferred market(s) - check all that apply

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

16. Division(s) of work - check all that best describe your company's function

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

Other (list)

OPERATIONS

17. Preferred region(s) of work - check all that apply

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

18. Preferred cities to do work - check all that apply

- ☐ Dallas ☐ Fort Worth ☐ Other

Other (list)

19. Out of state - list the states in which your company is licensed to do business.

20. What is your firm's project-size capacity?

Minimum \$

Maximum \$

21. Preferred scope size - 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

Incident Rate = (Recordable or Lost Work Day Injuries x 200,000) / Exposure Hours

Provide your company's Experience Modification Rate (EMR) for the past four years and attach proof of the current EMR from your insurance agent.

2025 EMR rating

2024 EMR rating

2023 EMR rating

2022 EMR rating

OPERATIONS

Safety screening - continued

Has OSHA cited your company in the past three years?

☐ Yes☐ No

Are you registered with Safe2Work?

☐ Yes☐ No

Have you completed the required number of Safe2Work modules?

☐ Yes☐ No

If OSHA cited your company, explain in detail and attach supporting information

23. Technology and project-management capability

Does your firm have AutoCAD capability?

☐ Yes☐ No

Autodesk management

☐ Yes☐ No

Procore management

☐ Yes☐ No

Self-performed work

24. Does your company perform or provide any self-performed activities?

☐ Yes☐ No

If Yes, identify the activities or trades your company self-performs

Number of employees directly involved

Describe the workforce's qualifications, licenses, certifications, training, and relevant experience

Design-build capability

25. Does your firm have design/build capability?

☐ Yes☐ No

If Yes, list design/build projects completed within the past two years

QUALIFICATIONS

26. Provide current references. Complete as many entries as applicable.

Owners / General Contractors**Owner / GC reference 1**

Company Name		Contact / Title	
Address			
Phone		Fax	

Owner / GC reference 2

Company Name		Contact / Title	
Address			
Phone		Fax	

Owner / GC reference 3

Company Name		Contact / Title	
Address			
Phone		Fax	

Architects**Architect reference 1**

Company Name		Contact / Title	
Address			
Phone		Fax	

Architect reference 2

Company Name		Contact / Title	
Address			
Phone		Fax	

QUALIFICATIONS

Architects - continued

Architect reference 3

Company Name		Contact / Title	
Address			
Phone		Fax	

Suppliers

Supplier reference 1

Company Name		Contact / Title	
Address			
Phone		Fax	

Supplier reference 2

Company Name		Contact / Title	
Address			
Phone		Fax	

Supplier reference 3

Company Name		Contact / Title	
Address			
Phone		Fax	

Business identifiers and professional liability

27. DUNS number	
28. Dun & Bradstreet (D&B) rating	
29. Professional liability insurance carrier and limits	

QUALIFICATIONS

30. Experience

Projects currently in progress

Owner / Project	Architect	Contract Amount	Percent Complete	Type

Projects completed within the past two years

Owner / Project	Architect	Contract Amount

RISK REVIEW

31. Claims & Suits - if the answer to any question below is Yes, attach details.

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

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

Has your organization filed lawsuits or requested arbitration regarding construction contracts within the last five years? ☐ Yes ☐ No

Within the last five years, has an officer or principal of your organization been an officer or principal of another organization when it failed to complete a construction contract? ☐ Yes ☐ No

32. Attach the most recent CPA-prepared financial statements and internal financial statements not more than 120 days old, including a balance sheet and income statement.

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

Line of credit \$

Current backlog \$

Financial institution

Contact name

Contact phone

Contact email

Bank address

Is the attached financial statement for the organization named on page 2? ☐ Yes ☐ No

CERTIFICATION

Financial relationship

If the financial statement is not for the organization named on page 2, explain the relationship and financial responsibility of the organization whose statement is provided (for example, parent or subsidiary).

Will that organization act as a guarantor of the construction contract?

☐ Yes☐ No**Certification**

I certify that the information provided in this questionnaire and its attachments is complete and accurate to the best of my knowledge. I authorize 3i Construction Management to verify the information provided for qualification purposes.

Name

Position

Date

Email

Before submitting, confirm that you have included:☐ Business Enterprise certificate(s), if applicable☐ Current EMR proof and any required safety explanations☐ Current bonding-capacity letter and power of attorney☐ Financial statements and requested claims/suits details