



400 Water St., Logansport, IN 46947
 Phone (574) 753-4944 Fax (574) 753-4923

SUBCONTRACTOR / VENDOR QUALIFICATION FORM

Please complete and return this form to
 Fax: (574) 753-4944 or email: tom.steinberger@sciteam.com

Company Name		
Address		
City	State	Zip
Phone	Fax	Website
Contact Person	Title	Email
Secondary Contact	Title	Email
Type of Business <input type="checkbox"/> Corporation <input type="checkbox"/> LLC <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship		
Primary trades and services provided:		

References

Company	Contact	Phone
Company	Contact	Phone
Company	Contact	Phone
Largest contract completed to date:		
Client	\$	Year
Average contract size		Average # year-round employees
Has your company ever failed to complete a contract? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Liability & Workmen's Comp Insurance

Company	Contact	Phone
Coverage limits		
Are you involved in any lawsuits or are there any legal judgments pending against your company? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain:		

Safety

Current workmen's comp EMR rating:

Does your company have a substance abuse program? Yes No

Does your company have a written safety policy? Yes No

Has your company received any OSHA citations in the last three years? Yes No
If yes, please explain:

Financial / Bank Reference

Company	Contact	Phone
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Geographic area where you will work:

Counties in Indiana:

States:

Additional information about your firm: