



630 Ralph Ablandedo Drive, Bldg. 1, Austin, TX 78748
 512-282-9488 (O) ☐ 512-282-9682 (F)
www.WurzelBuilders.com

Shain Hardin, Director of Preconstruction
Estimating@WurzelBuilders.com

WURZEL BUILDERS, LTD.
SUBCONTRACTOR QUALIFICATION INFORMATION

Please fill out completely. Be assured that all financial information submitted on this form is kept confidential. Our request is to ensure all Subcontractor/Vendors selected are in accordance with the WURZEL BUILDERS Quality System.

Date: _____

Company Name: _____ Tax ID: _____

Type of Work/Service You Perform by CSI Division (if Applicable):

Billing Address: (For Accounting Purposes)

Address: _____ P.O. Box: _____
 City: _____ City: _____
 State: _____ State: _____ Zip Code: _____
 Contact Name: _____
 Telephone: _____ Fax: _____
 E-Mail address: _____

1. Type of Business:

- If a Corporation
 Year Company was established: _____ Number of years under present Ownership: _____
 Majority shareholders: _____
- If a Partnership
 Date of Organizaton: _____ Type of Partnership: General Limited or an Association
- If a supplier
 Year Company was established: _____ Number of year under present Ownership _____
 Have you ever done business under any other name? Yes No

If yes, list names:

Of Employees: _____ D&B# _____

2. Bank Reference:



Bank Name: _____
 Street Address: _____ P.O. Box _____
 City: _____ City: _____
 State: _____ Zip Code: _____ State: _____ Zip Code: _____

Contact Name: _____
 Telephone: _____ Fax #: _____
 E-Mail address: _____

SUBCONTRACTOR QUALIFICATION INFORMATION

Unsecured Line of Credit Limit: _____
 How much presently owing?: _____
 Average balance?: _____

- 3. **Attach audited or reviewed Financial Statement's for the latest Fiscal year.**
- 4.
- 5. **Surety Company: (Letter from bonding company on bonding company letterhead required-NOT bond agent.)**
- 6.

Company Name: _____
 Contact Name: _____
 Telephone: _____ FAX: _____
 E-Mail address: _____
 Bonding Capacity:
 Single Job: _____ Aggregate: _____

7. Insurance:

NOTICE:

ATTACHED IS WURZEL's INSURANCE EXHIBIT AND A SAMPLE OF WHAT OUR INSURANCE REQUIEREMENTS ARE. PLEASE FORWARD THESE TO YOUR AGENT AS SOON AS POSSIBLE. A CURRENT AND PROPER CERTIFICATE MUST BE ATTACHED TO THIS QUALIFICATION FORM FOR YOU TO BE CONSIDERED FOR THIS OR ANY OTHER JOB.

IF YOU DO NOT HAVE THESE LIMITS CURRENTLY, ARE YOU ABLE TO OBTAIN THE NECESSARY INSURANCE LIMITS AS PER OUR INSURANCE EXHIBIT ATTACHED?

Y _____ N _____ (If no, list reason on separate paper)

8. Annual Dollar Volume for the past three (3) years:

YEAR _____ \$ _____ YEAR: _____ \$ _____ YEAR _____ \$ _____



9. Largest jobs in the past three (3) years:

YEAR _____ \$ _____ YEAR: _____ \$ _____ YEAR _____ \$ _____

10. Present work-on-hand cost to complete: \$ _____ #Jobs _____

11.

12. Average work-on-hand for the last year \$ _____ #Jobs _____

13. Work History/Representative Projects. (To be completed on attached Form A.)

14. Have you ever failed to complete any work awarded to your firm? Yes No

If yes, list owner, project description of the work, and the circumstances involved on a separate sheet and attach to this form.

15. Have you ever filed bankruptcy? Yes No

If yes, attach details.

SUBCONTRACTOR QUALIFICATION INFORMATION

16. List all litigation or formal arbitration to which your organization has been a party involving amounts in excess of \$10,000 for the past five years including unsettled litigation or arbitration. _____

17. Type of work performed: (Please include descriptions of what you typically self-perform and what you sub out.) _____

18. List your company's Experience Modification Rate (EMR) for the past three years. Provide your latest Experience Modifier Calculation Worksheets from NCCI.



YEAR: _____ EMR _____ YEAR: _____ EMR _____ YEAR: _____

19. Does your company have a written safety program? Yes No

20. Does your company hold Tool Box Talks for employees? Yes No

How often? _____

Is this documented? Yes No

21. Have you received an OSHA citation in the last 5 years? _____ (If yes, explain)

22. Does your company have an orientation program for new hires? Yes No

If yes, what does this include? Attach details.

23. Certified Business Enterprise:

Please attach copies of applicable certificates.

	Yes	No	Certification #
Historically underutilized Business (HUB)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Woman Business Enterprise (WBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Minority Business Enterprise (MBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Small Business Enterprise (SBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Contractor Licenses

24. State # _____

SUBCONTRACTOR QUALIFICATION INFORMATION

25. References:

NAME	CONTACT	TELEPHONE/EMAIL
------	---------	-----------------

Owner/General Contractors:

1.		
2.		
3.		

Architects:

1.	
2.	
3.	



Suppliers:

1.	
2.	
3.	

26. W-9

Please complete the attached W-9

ATTACHED ARE WURZEL'S STANDARD TERMS AND CONDITIONS WHICH WILL BE INCLUDED AS PART OF OUR SUBCONTRACT AGREEMENT. PLEASE REVIEW THE TERMS AND CONDITIONS AND INDICATE YOUR ACCEPTANCE OF SAME.

Y_____N_____ I HAVE READ THE CONTRACT TERMS AND CONDITIONS AND THEY ARE ACCEPTABLE AS PRESENTED. I UNDERSTAND THEY WILL FORM THE BASIS FOR THE SUBCONTRACT AGREEMENT BETWEEN WURZEL AND MY FIRM.

I certify that all the above information is true and correct and hereby authorize WURZEL BUILDER's, Ltd. To perform a background check on my company to include a credit check with the supplier, job, and contractor references listed above.

AUTHORIZATION SIGNATURE

DATE

Q:\CommonFiles\Subcontractor Qualification Information.doc



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
08/02/2019

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER SWBC Insurance-Austin 2028 E. Ben White Blvd. Suite 510 Austin TX 78741		CONTACT NAME: Customer Service Rep PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS: Subs Insurance Contact																						
INSURED Subcontractor Name Subcontractor Address Subcontractor City/State/Zip		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A: Name of Insurance Company</td> <td></td> <td>1111</td> </tr> <tr> <td>INSURER B: Name of Insurance Company Carrier for each policy</td> <td></td> <td>2222</td> </tr> <tr> <td>INSURER C: Name of Insurance Company</td> <td></td> <td>3333</td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A: Name of Insurance Company		1111	INSURER B: Name of Insurance Company Carrier for each policy		2222	INSURER C: Name of Insurance Company		3333	INSURER D:			INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A: Name of Insurance Company		1111																						
INSURER B: Name of Insurance Company Carrier for each policy		2222																						
INSURER C: Name of Insurance Company		3333																						
INSURER D:																								
INSURER E:																								
INSURER F:																								

COVERAGES **CERTIFICATE NUMBER:** CL198228501 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURED	SUBROGATION	WAIVER OF SUBROGATION	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y		Policy #1234567	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000 \$
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y		Policy #1234567	01/01/2019	01/01/2020	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> EXCESS LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ -0-				Policy #1234567	01/01/2019	01/01/2020	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	Y	Policy #0001234567	01/01/2019	01/01/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Job name and address.
 General Liability includes a blanket automatic additional insured endorsement (form CG2010 0704 and CG2037 0704) and Automobile Liability includes blanket additional insured endorsement which provides additional insured status to the certificate holder only when there is a written contract between the named insured and the certificate holder which requires such status. General Liability policy contains a special endorsement with "Primary and Non-Contributory" wording. General Liability, Auto Liability and Workers' Compensation include a blanket automatic Waiver of Subrogation endorsement only when there is a written contract between the named insured and the certificate holder which requires it. Endorsement allowing 30 day Notice of Cancellation (except 10 day for non-payment) applies on all policies.

Have these forms included.

CERTIFICATE HOLDER Wurzel Builders, Ltd 630 Ralph Ablanedo Building 1 Austin TX 78748	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p>2 Business name/disregarded entity name, if different from above</p>	
	<p>3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____</p> <p>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) ▶ _____</p>	<p>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p>5 Address (number, street, and apt. or suite no.) See instructions.</p>	Requester's name and address (optional)
	<p>6 City, state, and ZIP code</p>	
	<p>7 List account number(s) here (optional)</p>	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number											
				-			-				
or											
Employer identification number											
				-							

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.