



**AUSTIN GILBANE  
SUBCONTRACTOR / SUPPLIER QUALIFICATION QUESTIONNAIRE  
DIRECTIONS**

**THIS QUALIFICATION QUESTIONNAIRE HAS TWO  
(2) SECTIONS THAT MUST COMPLETED AND  
SUBMITTED SEPARATLEY.**

**PART A:**

Complete all sections of Part A

Submit Part A 30 days prior to submission of bid to:

[gsamsky@austin-ind.com](mailto:gsamsky@austin-ind.com)

**PART B:**

Complete form 1300a and attach all required information

Submit Part B 30 days prior to submission of bid to:

[rms@austin-ind.com](mailto:rms@austin-ind.com)

**PLEASE DIRECT ALL QUESTIONS TO  
GREG SAMSKY AT AUSTIN GILBANE**

**E-mail: [gsamsky@austin-ind.com](mailto:gsamsky@austin-ind.com)**

**Cell: 214-263`-5549**



# PART A

Complete all sections of Part A

SUBMIT TO:

[gsamsky@austin-ind.com](mailto:gsamsky@austin-ind.com)



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**GEORGE BUSH INTERCONTINENTAL AIRPORT MLIT PROJECT**

*If this form is not filled out in its entirety, the deficient information will be pointed out and requested from you. Should you not be responsive to this request your firm will not be assessed as qualified and you will not be allowed to bid on this project. Untimely responses will not be assessed and will not be considered!*

**SECTION #1 – COMPANY & CONTACT INFORMATION**

**COMPANY NAME** \_\_\_\_\_

**Federal ID #** \_\_\_\_\_

Phone: A/C \_\_\_\_\_ No. \_\_\_\_\_ Fax: A/C \_\_\_\_\_ No. \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Estimating Contact: Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

Management Contact: Name \_\_\_\_\_ Title \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Cell: \_\_\_\_\_

**List two officers of your company:**

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

**Is your company affiliated with any other company?**

Name \_\_\_\_\_

Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

**SECTION #2 - RELEVANT EXPERIENCE**

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HAS MLIT Qualification Questionnaire - Part A - Page 1 of 6 – Revised March 9, 2020

**RETURN COMPLETED FORM VIA EMAIL TO: [gsamsky@austin-ind.com](mailto:gsamsky@austin-ind.com)**



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**GEORGE BUSH INTERCONTINENTAL AIRPORT MLIT PROJECT**

What work does your company perform or what materials can your company supply?

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What Aviation projects, starting with any MLIT projects and then any Airport projects has your firm performed over the past five years? List previous or ongoing Aviation project's name, scope of work, dollar volume, location, and duration. *Attach additional pages labeled "aviation projects" if needed.*

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How many years has your company been in operation? \_\_\_\_\_  
How many years has your company been in operation under the current name? \_\_\_\_\_  
How many years has your company been in operation under the current ownership? \_\_\_\_\_

**SECTION #3 - FINANCIAL**

Check the size(s) of Subcontract or Purchase Order your company has performed over the last two years: Check all that apply.

Less than \$100,000	<input type="checkbox"/>	\$100,000 to \$500,000	<input type="checkbox"/>	\$500,000 to \$1,500,00	<input type="checkbox"/>	\$1,500,000 to \$5,000,000	<input type="checkbox"/>
\$5,000,000 to \$10,000,000	<input type="checkbox"/>	\$10,000,000 to \$20,000,000	<input type="checkbox"/>	over \$20,000,000	<input type="checkbox"/>		<input type="checkbox"/>

Annual revenue for the last two years: \$ \_\_\_\_\_ 2018 \$ \_\_\_\_\_ 2019

*Provide a letter from your surety confirming your single project limit bonding capacity and program aggregate.*

**Company Capacity/Backlog:** Current work in progress:

Total Current Contracted Value \_\_\_\_\_  
Location(s) \_\_\_\_\_ Completion Date(s) \_\_\_\_\_  
Location(s) \_\_\_\_\_ Completion Date(s) \_\_\_\_\_

Total Current number of Employees \_\_\_\_\_ Previous Years: 2017 \_\_\_\_\_ 2018 \_\_\_\_\_ 2019 \_\_\_\_\_

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GEORGE BUSH INTERCONTINENTAL AIRPORT MLIT PROJECT

SECTION #4 – AREA OF OPERATIONS/LOCAL EXPERIENCE

Over the last 2+ calendar years (01/01/2018-Present) provide the following information Attach additional pages labeled "recent past projects" if needed. :

Table with 3 columns: CSI Division, # of Completed Projects, Aggregate Value. Rows include: In Houston?, In Texas; Not in Houston?, Outside the above areas (domestic)?

SECTION #5 – INSURANCE

List your firm's current insurance limits and carriers, if no coverage put NC in Occurrence blank:

General Liability: Occ. Agg. Carrier
Auto Liability: Occ. Agg. Carrier
Excess Liability: Occ. Agg. Carrier
Pollution Liability: Occ. Agg. Carrier
Professional Liability: Occ. Agg. Carrier
Workmen's Compensation(Statutory): Yes No Carrier

SECTION #6 – SAFETY

Does your company have a written Safety Program? Yes No If yes, please attach copy.

Does your company have a Full-Time Corporate Safety Director? Yes No If yes, please provide contact information below.

Corporate Safety Director Name Title
E-mail: Phone: Fax:
Cell:

Does your company conduct weekly "toolbox talks"? Yes No



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**GEORGE BUSH INTERCONTINENTAL AIRPORT MLIT PROJECT**

All information requested in this section is required from contractors, subcontractors, and other organizations whose services include providing labor at the project site and beyond a customer’s site. Provide the following rates for your company for the past three years (including current year):

Year	EMR	Incident Rate (Lost Time)	Recordable Rate	Number of OSHA Citations
2018				
2019				
2020				

\*Incident Rate =  $\frac{\# \text{ of lost time work related injuries/yr.} \times 200,000}{\# \text{ of man hours worked/yr.}}$

\*\*Recordable Injury Rate:  $\frac{\# \text{ of work-related injuries/yr.} \times 200,000}{\# \text{ of man hours worked/yr.}}$

Describe your OSHA Citations (if applicable): \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Provide your company’s OSHA 300 Log information for each of the last three (3) years:

Description	2019	2018	2017
Total Recordable			
Lost Workday Cases			
Lost Workdays			
Total Employee Hours Worked			
Number of Fatalities			

Does your company have a written program requiring training? \_\_\_\_\_ Yes; \_\_\_\_\_ No

*If yes, please attach a copy.*

**SECTION #7 – PERFORMANCE**

*Attach additional pages labeled “performance” if needed:*

Has your firm ever defaulted on a contract, or have any of your principals been principal of another firm that defaulted on a contract? \_\_\_\_\_ Yes, \_\_\_\_\_ No; **If Yes, please attach explanation on additional pages.**

Are there any pending or outstanding criminal indictments, lawsuits, judgments, requests for arbitration or claims involving your firm or it’s principals? \_\_\_\_\_ Yes, \_\_\_\_\_ No; **If Yes, please attach explanation on additional pages.**

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AUSTIN GILBANE SUBCONTRACTOR / SUPPLIER QUALIFICATION QUESTIONNAIRE

GEORGE BUSH INTERCONTINENTAL AIRPORT MLIT PROJECT

In the past five years, has any claim against your firm concerning your firm’s work on a construction project, been filed in court or arbitration? Yes, No; If Yes, please attach explanation on additional pages.

In the past five years, has your firm made any claim against a project owner, Construction Manager, General Contractor, or another subcontractor covering work on a project or payment for a contract, and filed that claim in court of arbitration? Yes, No; If YES, please attach explanation on additional pages.

Provide the percentage of your work performed with self-perform labor: %

What type of work do you normally engage subcontractors to perform?

CSI code(s) Description

SECTION #8 – DIVERSITY

Does your firm have a written and active diversity program? YES NO (Please attach a copy of your firms’ diversity program)

Type of Ownership: (Please attach a copy of your certification)

\_\_\_ MBE (Minority-Owned); \_\_\_ WBE (Women-Owned); \_\_\_ SBE (Small Business) \_\_\_ Other (list)

IF YOUR FIRM QUALIFIES AS A CERTIFIED M/WBE / MWSBE, PLEASE FURNISH THE INFORMATION REQUESTED BELOW and attach a copy of your certification (CDH Certification required):

List all Certifying Agency and Certified Group Classification below:

Table with 3 columns: Certifying Agency and Certified Group Classification (i.e. M/WBE /MWSBE), Certificate Number, Expiration Date

SECTION #9 – QUALITY

Does your company have a written Quality Management Program?

Yes No If yes, please attach a copy of your written quality program.



**AUSTIN GILBANE  
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**GEORGE BUSH INTERCONTINENTAL AIRPORT MLIT PROJECT**

I certify that all information in this questionnaire and the attachments are true and correct. We hereby authorize Austin Gilbane and its representatives to investigate directly with the references given herein, any information pertaining to the undersigned and/or the individuals involved therein. We authorize our financial institutions, prior and existing sureties, customers, creditors and suppliers to release credit history and other underwriting/qualification information.

I understand that the completion and submittal of this questionnaire is for the sole purpose of allowing Austin Gilbane to prequalify firms for bidding work associated with the HAS MLIT project. I also understand completion and submittal of this questionnaire does not guarantee that my firm will be qualified for the above. Finally, I understand completion and submittal of this questionnaire or the subsequent assessment by Austin Gilbane that my firm is deemed prequalified; does not constitute a guarantee, or contract for any work associated with the above noted project.

Submitted by:

Company \_\_\_\_\_ Phone# \_\_\_\_\_

Signature \_\_\_\_\_ Name \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

Austin Gilbane will contact you within 2-3 weeks should additional information be required or upon completion of our review.

**A COMPLETE SUBMITTAL MUST INCLUDE THE DOCUMENTS LISTED BELOW AS ATTACHMENTS. PLEASE MARK THE CHECKBOX REPRESENTING THAT EACH DOCUMENT IS ATTACHED OR IT IS NOT APPLICABLE.**

**CHECKLIST OF ATTACHMENTS (questionnaire page#reference)**

- |   |                          |          |                          |                 |
|---|--------------------------|----------|--------------------------|-----------------|
| 1. <u>Added pages if needed: "AVIATION PROJECTS" (page #2)</u>    | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Not Needed      |
| 2. <u>AUDITED FINANCIAL STATEMENT (PART B)</u>                    | <input type="checkbox"/> | Part B   |                          |                 |
| 3. <u>SURETY LETTER – BONDING LIMITS (page #2)</u>                | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | No Surety       |
| 4. <u>Added pages if needed: "RECENT PAST PROJECTS" (page #3)</u> | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Not Needed      |
| 5. <u>CORPORATE SAFETY PLAN (page #3)</u>                         | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Do Not Have One |
| 6. <u>SAFETY TRAINING PROGRAM (page#4)</u>                        | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Do Not Have One |
| 7. <u>Added pages if needed: "PERFORMANCE" (page #4)</u>          | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Not Needed      |
| 8. <u>DIVERSITY PROGRAM (page #5)</u>                             | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Do Not Have One |
| 9. <u>OWNERSHIP CERTIFICATION (page #5)</u>                       | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | N/A             |
| 10. <u>MBE/DBE CERTIFICATE (page #5)</u>                          | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | N/A             |
| 11. <u>QUALITY PROGRAM (page #5)</u>                              | <input type="checkbox"/> | ATTACHED | <input type="checkbox"/> | Do Not Have One |

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HAS MLIT Qualification Questionnaire - Part A - Page 6 of 6 – |Revised September 30, 2020

**RETURN COMPLETED FORM VIA EMAIL TO: [gsamsky@austin-ind.com](mailto:gsamsky@austin-ind.com)**





# PART B

**Complete all sections of Part B**

**SUBMIT TO:**  
[rms@austin-ind.com](mailto:rms@austin-ind.com)

# Subcontractor Underwriting Risk Evaluation (SURE)

Subcontractor Qualifications

Form 1300a

The Austin Commercial, L.P. (ACLP) **SURE Program** qualifies subcontractors to work for ACLP without being required to furnish payment and performance bonds. Subcontractors must demonstrate they have the financial resources and capacity similar to that which is demonstrated to their own surety. This sensitive information is not disclosed to any person or entity other than those who have a need to review it for our qualification process.

If the qualification review of your company does not meet the requirements established for the proposed subcontract award, Subcontractor hereby agrees that payments to major sub-subcontractors and suppliers will be made directly by Austin Commercial. These payments will be accomplished via the current payment process system of Textura. Subcontractor will provide an approved schedule of values (SOV) for the selected sub-subcontractors and suppliers that will be incorporated into Subcontractor's approved SOV. Subcontractor will be required to approve each payment request for sub-subcontractors and suppliers. Subcontractor will execute a contingent assignment for selected sub-subcontractors and suppliers. In limited cases, Subcontractor will agree to execute a parental guaranty and/or letter of credit.

Subcontractors desiring to bid work for ACLP must submit the information listed below either by:

- (1) Mail to Attention SURE Manager, Risk Management Services, 3535 Travis, Suite 300, Dallas, Texas 75204-1466, marked "confidential"
- (2) Fax to 214-224-4366 (*confidential fax site*), or (3) E-mail to [rms@austin-ind.com](mailto:rms@austin-ind.com)

Company Name (including DBA) : \_\_\_\_\_

Federal Tax ID (FEIN): \_\_\_\_\_ Website: \_\_\_\_\_

Address: \_\_\_\_\_

Date: \_\_\_\_\_

1. ATTACH the Company's past two year-end financial statements, including the balance sheet, income statement, and notes to financials (if CPA-prepared). If the last fiscal year end is over six month's old, include the Company's most recent internal financial statements. If consolidated company financials are provided, a parental guarantee may be required.
2. ATTACH current work-in-progress schedule/backlog, or list of current projects/amounts.
3. ATTACH owner, general contractor, subcontractor, and supplier references.
4. ATTACH a description of the three largest projects/amounts completed in the last five years.

Largest project ever awarded \$ \_\_\_\_\_ Average project size \$ \_\_\_\_\_

Preferred project size \$ \_\_\_\_\_

5. Internal Financial Officer \_\_\_\_\_ Email \_\_\_\_\_

Outside Accountant \_\_\_\_\_

6. Owner Name \_\_\_\_\_ % of Ownership \_\_\_\_\_

Continuity Plan in case of death or disability of principals \_\_\_\_\_

7. Primary Bank \_\_\_\_\_ Officer \_\_\_\_\_

8. Line of Credit \$ \_\_\_\_\_ Current Amount Available \$ \_\_\_\_\_

9. Current lawsuits, claims, liens, arbitration or pending actions in excess of \$25,000 \_\_\_\_\_

Or, similar actions or bankruptcies against principals \_\_\_\_\_ If so, attach details.

10. Surety \_\_\_\_\_

Estimated limits: Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

**INCOMPLETE SUBMISSIONS ARE NOT PROCESSED**

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