

## SUBCONTRACTOR PRE-QUALIFICATION FORM

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Federal Tax ID# \_\_\_\_\_

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

Web Site: \_\_\_\_\_

Type of work qualified to perform: (masonry, steel, etc.) \_\_\_\_\_

Specific Geographical Area You Work In: \_\_\_\_\_

Year Business Started: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Has Company or any of its Owners Declared Bankruptcy in last 5 years? [  ] Yes [  ] No

Is Company Bondable? [  ] YES [  ] NO – Single Project Limit \$ \_\_\_\_\_ Total \$ \_\_\_\_\_

Have you ever failed to complete a project: [  ] YES ( explain details below) [  ] NO

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever failed to complete a project on time? [  ] YES (explain detail below) [  ] NO

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had a contract terminated due to performance? [  ] YES (explain detail below) [  ] NO

Details: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What is your current Worker's Compensation Experience Modification Rating (EMR)\_\_\_\_\_

# Jobs Run @ Time: \_\_\_\_\_ Annual Volume \$\_\_\_\_\_

Largest Job \$ \_\_\_\_\_ Average Job \$ \_\_\_\_\_ Smallest Job \$\_\_\_\_\_

Current Contract Backlog: \_\_\_\_\_

Do you have a Service Department? [ ] YES [ ] NO

**SUBCONTRACTOR PRE-QUALIFICATION WORKSHEET**

Contractor's License (s) States and Numbers

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

State: \_\_\_\_\_ No: \_\_\_\_\_

Estimating Contact: \_\_\_\_\_

Union / Signatory: Yes [ ] No [ ] Subcontractor: [ ] Vendor/Supplier: [ ]

Business Type: [ ] Corporation [ ] Partnership [ ] Limited Liability Company [ ] Sole Proprietor [ ] Other (specify)

Officers of the Company:

Name & Title	Years with Company

Is your company owned or controlled by a parent or any other organization? [ ] YES [ ] NO  
*If yes, please describe on a separate sheet.*

Is your company a certified: [ ] MBE [ ] WBE [ ] DBE [ ] SBE [ ] VBE

## I. Legal Information

Are there any judgments, claims, arbitration proceedings, or suits pending/out-standing against your firm or its officer or principals? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three (3) years? [ ] YES [ ] NO

*If yes, please provide a complete explanation on a separate sheet.*

## II. References

### Banking

Name & Branch \_\_\_\_\_ Since? \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Contact Person \_\_\_\_\_

### Bonding

Bonding Company \_\_\_\_\_ Since? \_\_\_\_\_

Surety Broker/Agent \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Bonding Capacity – Per Project \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Last Bond Issued – Date \_\_\_\_\_ Amount \$ \_\_\_\_\_ Rate % \_\_\_\_\_

*Please attach a formal letter from your bonding company.*

Insurance

General Liability Carrier \_\_\_\_\_ Since? \_\_\_\_\_

Insurance Broker/Age \_\_\_\_\_ Since? \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

What is your limit to Liability insurance? \_\_\_\_\_

Supplier

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_ Telephone \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

Supplier Name & Location \_\_\_\_\_

Contact Person \_\_\_\_\_

**5 References (Owner, Architects, and at least 2 General Contractors for work completed within the last 2 years):**

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

Project: \_\_\_\_\_ Company: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Your Contract \$ \_\_\_\_\_

### III. Financial Information

**Financial Reference: Please attach a copy of the following:**

- 1. Your most recent full fiscal-year-ending Balance Sheet, Income Statement and Cash Flow**
- 2. Your most recent quarterly year-to-date Balance Sheet, Income Statement and Cash Flow.**

Has your company or any other organization with which your officers were involved during the past three (3) years, ever been in bankruptcy or a voluntary reorganization?  YES  NO

*If yes, please provide a complete explanation on a separate sheet.*

### IV. Revenue

Annual Volume: What was the annual volume of work completed in the last three years as well as next year's forecast (Forecast Volume)

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

(Forecast Volume)

### V. Experience

Has your company had experience with LEED projects  YES  NO

### VI. Safety

Does your firm have a written safety plan?  YES  NO

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?  
 YES  NO

**If yes, please describe in detail on an attached sheet what occurred and what steps were taken by the company to prevent from happening in the future**

OSHA Incident Rate: Please list your firms OSHA incident rate for the most recent three (3) years  
YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_ YR. / Rate \_\_\_\_\_

**VII. Additional Information**

Please list any additional information you feel will help us determine your company's qualifications and expertise \_\_\_\_\_

I hereby certify that the above information is accurate, correct and true.

Completed By: \_\_\_\_\_

(Name)

\_\_\_\_\_

(Title)

\_\_\_\_\_

(Signature)

\_\_\_\_\_

(Date)