



GENERAL CONTRACTORS, INC.

SUBCONTRACTOR /
VENDOR
PRE-QUALIFICATION

*** ALL INFORMATION MUST BE COMPLETED IN ORDER TO QUALIFY ***

COMPANY INFORMATION:			
Legal Company Name:			
Physical Address:			
City, State, & Zip:			
Mailing Address:			
City, State, & Zip:			
D/B/A:			
Date of Origination / Years in Business Under this Name:			
Main Office Phone: ()		Main Office Fax: ()	
Web Site Address:			
Estimating Contact:		Phone No: ()	
Estimating E-mail Address:			
Project Manager Contact:		Phone No: ()	
Project Manager E-mail Address:			
Emergency Contact:		Cell No: ()	
Emergency E-mail Address:		Home No: ()	
Parent Company:			
Other Former Names:			
Company Type: Corporation Partnership LLC Joint Venture Sole Proprietor S-Corporation			
State of Incorporation:			
Date of Incorporation:			
List Corporate Officers, Partners, Proprietors, Members, & Shareholders of grater than 4% ownership:			
Name:	Year of Birth:	Title:	Percentage Owned:
Type of Projects: Commercial Industrial Institutional Retail Healthcare Schools Government Lodging Office Restaurant High-Rise Mid-Rise Residential			
Certified Minority Business Enterprise Contractor (MBE)?			Yes No
MBE Certified By:			



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COMPANY INFORMATION CONT:

Certified Woman Business Enterprise Contractor (WBE)?		Yes	No		
WBE Certified By:					
Certified Disadvantaged Business Enterprise Contractor (DBE)?		Yes	No		
DBE Certified By:					
Certified Veteran Owned Business Enterprise Contractor (VBE)?		Yes	No		
VBE Certified By:					
Certified Small Business Enterprise Contractor (SBE)?		Yes	No		
SBE Certified By:					
Type of Company: <input type="checkbox"/> Subcontractor (Furnish & Install) <input type="checkbox"/> Subcontractor (Install Only) <input type="checkbox"/> Vendor (M)					
Contractor's License Number:	State:	Exp:			
State Sales Tax Registration Number:					
State Unemployment Insurance Number:					
Federal ID Number:					
How Many People Does Your Company Presently Employ: <input type="checkbox"/> Office. <input type="checkbox"/> Field Supervisory. <input type="checkbox"/> Trades Staff. <input type="checkbox"/> Shop Staff.					
Signature Authority: (Yes or No on Contracts & Change Orders)					
Name:	Title:	Contracts:		Change Orders:	
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No
		Yes	No	Yes	No

TRADE INFORMATION:

Scope of Work Bid:	Division Code:
Scope of Work Bid:	Division Code:
Scope of Work Bid:	Division Code:
Scope of Work Bid:	Division Code:
Scope of Work Bid:	Division Code:
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TRADE INFORMATION CONT:

Union Contractor:		Yes	No
Union:	Local #:	Agreement Expires:	
Union:	Local #:	Agreement Expires:	
Union:	Local #:	Agreement Expires:	
Union:	Local #:	Agreement Expires:	
Union:	Local #:	Agreement Expires:	
Union:	Local #:	Agreement Expires:	
Union:	Local #:	Agreement Expires:	

BONDING / SURETY INFORMATION:

Are you Bondable:		Yes	No
Surety Name:			
Bonding Agent Company / Contact Name:			
Mailing Address:			
City, State, & Zip:			
Phone No: ()		Fax No: ()	
Bonding Capacity Per Job:			
Bonding Capacity Per Aggregate:			
Bond Premium Rate:			
Date of Last Issued Bond:			
Have You Ever Failed To Complete A Project, If Yes, Please Explain:		Yes	No
Have You Ever Failed To Complete A Project On Time, If Yes, Please Explain:		Yes	No



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INSURANCE INFORMATION:

Agent / Broker:			
Contact:			
Phone No: ()		Fax No: ()	
1- Commercial General Liability.			
Insurance Carrier:			
Policy Form:			
Occurrence Based:			
Policy Number:			
Claims Made:			
Policy Period -		From:	To:
Any Exclusions From Standard CGL Policy:			Yes No
<u>Limits:</u>	<u>Current:</u>	<u>Max Obtainable:</u>	
General Aggregate:			
Products-Comp & OP Agg.			
Personal & Advertising Injury:			
Each Occurrence:			
Fire Damage: (Any One Fire)			
Medical Expense: (Any One Person)			
Deductible Amount:			
Per Project Limits:			Yes No
2- Excess Liability.			
Insurance Carrier:			
Policy Form:			
Occurrence Based:			
Policy Number:			
Claims Made:			
Policy Period -		From:	To:
Umbrella:		Or:	
<u>Limits:</u>	<u>Current:</u>	<u>Max Obtainable:</u>	
Each Occurrence:			
Aggregate:			
3- Worker's Compensation and Employer's Liability.			



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INSURANCE INFORMATION CONT:

Insurance Carrier:		
Policy Form:		
Policy Number:		
Policy Period -	From:	To:
<u>Limits:</u>	<u>Current:</u>	<u>Max Obtainable:</u>
Each Accident:		
Disease Policy:		
Disease Each Employee:		
4- Automobile Liability.		
Insurance Carrier:		
Policy Form:		
Policy Number:		
Policy Period -	From:	To:
<u>Limits:</u>	<u>Current:</u>	<u>Max Obtainable:</u>
Combined Single Limit:		
Bodily Injury Per Person:		
Bodily Injury Per Accident:		
Property Damage:		
Deductible Amount:		
Per Project Limits:	Yes	No
5- Professional Liability.		
Insurance Carrier:		
Policy Form:		
Policy Number:		
Policy Period -	From:	To:
<u>Limits:</u>	<u>Current:</u>	<u>Max Obtainable:</u>
Office:		
Deductible Amount:		
Project Specific Limit Available:		
Extended Reporting Period: (Tail)	Yrs.	
Prior Acts:	Yes	No

CRITICAL: J. ADDINGTON GENERAL CONTRACTORS, INC. REQUIRES AN INSURANCE CERTIFICATE ON FILE INDICATING GENERAL LIABILITY, EXCESS LIABILITY, WORKER'S COMPENSATION INSURANCE, AUTO LIABILITY, & PROFESSIONAL LIABILITY INSURANCES WITH CORRECT & CURRENT DATES. SUBMIT YOUR PROOF OF INSURANCE WITH THIS PACKET.



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SAFETY INFORMATION:

Latest EMR Rate:	Associated Date:	
How Many OSHA Violations Did You Have Last Year:		
How Many OSHA Violations Did You Have The Year Prior:		
How Many Total OSHA Violations Have You Had In The Last 5 Years:		
How Many WISHA Violations Did You Have Last Year:		
How Many WISHA Violations Did You Have The Year Prior:		
How Many Total WISHA Violations Have You Had In The Last 5 Years:		
Please Provide A Brief Description Of The Violation(s):		
Have You Had Any Employee Deaths In The Past 3 Years:	Yes	No
Does Your Company Have A Qualified Safety Officer:	Yes	No
Does This Officer Do Safety Inspections On All Of Your Projects:	Yes	No
If Yes, Frequency:		
Does Your Company Provide Safety Training For All Employees:	Yes	No
Does Your Company Have A Written Safety Program:	Yes	No
Can You Provide A Written Safety Program Upon Request:	Yes	No
Does Your Company Have A Return To Work / Light Duty Program:	Yes	No
How Many Restricted (Light Duty) Workday Cases Did Your Company Have Last Year:		
How Many Total Number Of Days Away From Work For Lost Day Cases Last Year:		
Does Your Company Have A Substance Abuse Policy:	Yes	No
If Yes, Please Circle Which Are Included In The Policy: Pre-Hire / Initial Employment Cause		
<input type="checkbox"/> Random <input type="checkbox"/> Post Accident / Incident <input type="checkbox"/> Periodic		
Do You Implement 100% Fall Protection On All Of Your Jobs:	Yes	No
Can You Provide A Written Fall Protection Plan Upon Request:	Yes	No
Do You Require Documented Safety Meetings For All Of Your Employees:	Yes	No
If Yes, Frequency:		
Does Your Company Set Annual Safety Goals:	Yes	No
Does Your Company Have Disciplinary Policies For Safety Violations:	Yes	No



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SAFETY INFORMATION CONT:

Does Your Company Have A Program For Recognizing Employee Safety Performance Excellence:		
	Yes	No
Does Your Company Review Safety Policies With Its Subcontractors:		
	Yes	No
Does Your Company Conduct Accident / Incident Investigations:		
	Yes	No
Does Your Company Provide At Least One Individual Whom Obtains An OSHA 30 Hour Training Certificate To Be On Site:		
	Yes	No
Safety Manager Contact:	Office No:	()
Cell No: ()	Emergency No:	()
Emergency Contact E-mail Address:		

FINANCIAL INFORMATION:

Total Revenue For Last Year:		
Total Revenue For The Year Prior:		
Total Revenue For The Second Year Prior:		
Has Your Company Or Any Of Its Owners, Officers, Or Shareholders Ever Petitioned For Bankruptcy, If Yes, Please Explain:		
	Yes	No
Has Your Company Or Any Of Its Owners, Officers, Or Shareholders Ever Been Terminated On A Contract Or Failed To Complete Awarded Work, If Yes, Please Explain:		
	Yes	No



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FINANCIAL INFORMATION CONT:

Is Your Company Or Any Of Its Owners, Officers, Or Shareholders Currently Involved In Any Arbitration, Litigation, Or Have Any Outstanding Judgments Or Claims Against Them / It, If Yes, Please Explain:

Yes No

Has Your Company Ever Had A Claim Made Against Them For Improper, Delayed, Defective, Or Non-Compliant Work Or Failure To Meet Any Warranty Obligations, If Yes, Please Explain:

Yes No

Has Your Company Or Any Of Its Owners, Officers, Or Shareholders Ever Been Investigated For Or Charged With Alleged Labor Law Violations Including: Alleged Violations Of The Immigration Control & Reform Act, State Or Local Laws Regarding Employment Of Immigrants, Prevailing Wage Laws, Wage & Hour Laws, Or Other Federal, State, Or Local Labor Laws, If Yes, Please Explain:

Yes No



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FINANCIAL INFORMATION CONT:

List Any Litigation Brought Against Your Company In The Past 4 Years Asserting That You Failed To Make Payments To Anyone, If So, Explain: Yes No

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Indicate The Size Of Projects Which You Are Capable Of Performing And Most Competitive At:

<u>Value:</u>	<u>Check Box:</u>	<u>Most Competitive Rating</u>
Under \$100,000		
\$100,000 - \$200,000		
\$200,000 - \$500,000		
\$500,000 - \$1,000,000		
\$1,000,000 - \$3,000,000		
\$3,000,000 - \$6,000,000		
\$6,000,000 - \$10,000,000		
Over \$10,000,000		

What Is The Largest Contract That Your Company Has Completed:

Project Name & Scope Of Work:

What Is The Largest Dollar Volume Job That You Expect To Do This Year:

Project Name & Scope Of Work:

What Is The Average Annual Volume Of Work Performed Over The Last 4 Years:

What Is The Company's Dunn & Bradstreet Number:

Dunn & Bradstreet Rating:

Dunn & Bradstreet Pay Rating:

Dunn & Bradstreet Date of Rating:

1- List Owner And / Or General Contractor References, Including A Contact Whom We May Call.

<u>Owner / General Contractor:</u>	<u>Contact Name:</u>	<u>Phone No:</u>
		()
		()
		()
		()
		()
		()



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FINANCIAL INFORMATION CONT:

2- List Trade References, Including A Contact Whom We May Call.

Table with 3 columns: Trade Reference, Contact Name, Phone No. Includes 6 rows with phone number placeholders.

3- List Current, Ongoing Projects With An Approximate Contract Amount And Anticipated Completion Date, You May Attach A Separate Sheet If Needed.

Table with 4 columns: Project, Contract Amount, Completion Date, General Contractor. Includes 20 empty rows for project listing.



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FINANCIAL INFORMATION CONT:

4- List Projects Undertaken & Completed Within The Last 2 Years With An Approximate Contract Amount And Completion Date, You May Attach A Separate Sheet If Needed.

Table with 4 columns: Project, Contract Amount, Completion Date, General Contractor. Multiple empty rows for data entry.

5- Banking Information.

Primary Banking Institution:
Branch Location / Address:
City, State, & Zip:
Contact Name: Phone No: ()
Number Of Years / Member Since:
Please Attach Your Last 2 Years Of Audited, Compiled, Or Reviewed Financial Statements To End Of This Packet.



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FINAL TASK:

We Have Attempted To Answer All Questions In Full & In A Complete Manner To Assure That Our Answers Are Not In Anyway Misleading Either By Expressing Ourselves In A Misleading Or Ambiguous Manner Or Omitting Information. We Recognize That J. ADDINGTON GENERAL CONTRACTORS, INC. Will Be Relying On The Accuracy Of This Material In Deciding Whether To Permit Us To Bid & In Awarding Work To Our Company.

Dated (month) The (day) Day Of 20 (year)

Name Of Company: (please print)

Completed By: (please print, MUST BE AN OWNER)

Title: (please print)

Signature: (please sign, MUST BE AN OWNER)

INFO: J. ADDINGTON GENERAL CONTRACTORS, INC. WOULD LIKE TO SAY THANKS FOR YOUR INTEREST IN OUR COMPANY AND ASSOCIATED PROJECT. WE ALSO APPRECIATE YOUR TIME IN COMPLETING THIS FORM TO GET US CRITICAL INFORMATION IN REGARDS TO YOUR COMPANY, TO BETTER HELP US MAKE THE APPROPRIATE SELECTION BASE ON QUALIFICATIONS.