



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: _____

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)