SUBCONTRACTOR PRE-QUALIFICATION FORM

**GENERAL INFORMATION \*required information**

|  |  |
| --- | --- |
| **\***Company Name |  |
| **\***Address |  |
| **\***Phone |  |
| **\***Fax |  |
| **\***Email |  |
| **\***Website |  |
| **\***Primary Contact Person |  |
| **\***AZ ROC Number |  |
| **\***Federal Tax ID Number |  |
| **\***AZ Dust Control Number  REQUIRED BY ALL SUBS WHEN THERE IS A DUST PERMIT FOR THE PROJECT |  |
| **\***AZ Sales Tax (TPT) Number |  |
| Other License Numbers & States |  |

**BUSINESS TYPE**

Corporation Partnership Limited Liability Company Sole Proprietor

**PROJECT TYPES**

Commercial Industrial Government Religious

Hospitality Education Healthcare Retail

Interior Fit-Ups Office Schools New

Assisted Living Clubhouse / Spa  Infrastructure Casinos

Other

**SCOPE(S) OF WORK YOUR COMPANY PERFORMS:**

**LEGAL INFORMATION**

|  |  |
| --- | --- |
| Are there any judgements, claims, arbitration proceedings or suits pending / outstanding against your firm or its officers or principals? | Yes No |
| Has your company filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last five (5) years? | Yes No |
| Has your company or any other organization with which your officers were involved during the last three (3) years ever been in bankruptcy or a voluntary or involuntary re-organization? | Yes No |

**If you answered “yes” to any of these questions, attach a complete explanation.**

**SAFETY**

|  |  |
| --- | --- |
| **\*** What is your current workers compensation *Experience Modification* *Rate* (E-Mod)?  (Please provide a copy of your most recent NCCI *Experience Rating Worksheet* or similar document) | Rate: \_\_\_\_\_\_\_\_\_\_\_ |
| If your rate is over 1.0, please explain: |  |

**OSHA RECORD**

|  |  |
| --- | --- |
| Has your firm had any OSHA citations, fines or jobsite fatalities within the most recent three (3) years? | Yes No |

**If you answered “yes,” please attach a complete explanation.**

**INSURANCE**

|  |  |
| --- | --- |
| Please confirm that your company has the following insurance coverage  **General Liability:** Additional Insured, $1M Limits, Form CG2010 07 04 or equivalent (ongoing operations), Form CG2037 07 04 or equivalent (completed operations), Per Project Aggregate Endorsement, Form Primary & Non-Contributory, Form Waiver of Subrogation  **Auto Liability:** $1M Limits, Includes Hired & Non-Owned Auto Liability  **Worker’s Comp:** Employer’s Liability Limits at Statutory Limits, Waiver of Subrogation | Yes No |

**Note: Please be prepared to provide a current *Certificate of Insurance* if your bid is selected for a job.**

**FINANCIAL (response is mandatory)**

If your bid to Redden may exceed $100,000, please provide copies of the following information:

* Most recent year-end compiled or reviewed financial statements, including WIP schedule
* Most recent internal financial statements, including WIP schedule

If your bid to Redden is not expected to exceed $100,000, please provide copies of the following information:

* Most recent business income tax return
* Most recent internal balance sheet
* Most recent WIP schedule

**ADDITIONAL INFORMATION**

Please attach any additional information to help us determine your company’s qualifications and expertise.

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

Name Title

Signature Date