

Subcontractor Pre-Qualification Form

Today's Date (MO/DAY/YEAR): ____/____/____ Person Completing Form: _____

Company Information: (Please print or type)

Legal Business Name:	Company Website:
Address/City/State/Zip:	
Phone:	Contact Name & Email:
Fax:	Other Contact Name & Email:
List the corporate officers, partners, or proprietors of your firm: if additional space is needed, list on separate sheet of paper & attach to this form.	
Name/Title/% ownership:	Name/Title/% ownership:
Name/Title/% ownership:	Name/Title/% ownership:
National Construction Trade Association Membership: <input type="checkbox"/> None <input type="checkbox"/> Associated Builders and Contractors <input type="checkbox"/> Associated General Contractors <input type="checkbox"/> Other: _____	

Company Organization

<input type="checkbox"/> Corporation	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> LLC	<input type="checkbox"/> Partnership	<input type="checkbox"/> General or Limited	<input type="checkbox"/> Joint Venture
Date of Establishment: ____/____/____			State Where Established: _____		
List of states/metro areas in which authorized to do work (please include license # if applicable): State/License: _____ State/License: _____ State/License: _____					
<input type="checkbox"/> Federal ID #: _____		<input type="checkbox"/> Other: _____		<input type="checkbox"/> Other: _____	
Contractor parent company (company name/president/address/phone):				#of Employees (office and field):	

Company Profile

Type of Company:	<input type="checkbox"/> Subcontractor (Furnish & Install)	<input type="checkbox"/> Subcontractor (Install Only)	<input type="checkbox"/> Supplier (Materials Only)
CSI Numbers(s): _____		SIC Number(s): _____	
Project Size: (Check all that apply) <input type="checkbox"/> \$200,000 or below <input type="checkbox"/> \$201,000- \$399,000 <input type="checkbox"/> \$401,000 - \$999,999 <input type="checkbox"/> \$1,000,000 or more			
Types of Projects: (Check all that apply) <input type="checkbox"/> Schools <input type="checkbox"/> Government <input type="checkbox"/> Healthcare <input type="checkbox"/> Hospitality <input type="checkbox"/> Lodging <input type="checkbox"/> Industrial <input type="checkbox"/> Office <input type="checkbox"/> Restaurant <input type="checkbox"/> Other: _____ Please specify: _____			
Geographic Work Areas: (List states) <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____			
Certified Minority Business Enterprise Contractor (MBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No		Certified Woman Business Enterprise Contractor (WBE)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certified by: _____		Certified by: _____	
Do you have experience with LEED/green buildings? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you have experience with Design/Build? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Bonding & Insurance

Insurance Company:	Insurance Agent:	Insurance Agent Telephone:
Bonding Company:	Bonding Company Contact:	Bonding Contact Telephone:
Total Bonding Capacity: \$	Current Available Bonding Capacity / Single Job: \$	
<u>Please attach insurance certificates per sample provided</u>		
Do you currently carry, or can you obtain the following insurance coverage?:		
Workers' Compensation Statutory Maximum at Project Site Location?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
General Liability \$1,000,000/ \$2,000,000 aggregate	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Automobile Liability \$1,000,000/CSL	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Employer Liability \$1,000,000/per statute	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Umbrella Liability \$1,000,000/\$1,000,000 aggregate	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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Safety Information:

List your experience modification Rate (EMR) for the last three years:		Number of OSHA recordable incidents over the prior three years: Data available at www.osha.com	
Year:	Rate:	Year:	No.-
Year:	Rate:	Year:	No.-
Year:	Rate:	Year:	No.-
Do you have a written Safety Program?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Are all employees trained in safety requirements?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you have a Company Safety Director or other Safety Professionals on Staff?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, Contact Name:		Phone:	

Sales Information: (Three prior fiscal years; 1 is most recent yr.; 3 is furthest)

Year	Max. Contract Value Completed	Annual Company Revenue	Current Yr. Company Workload
Year 1	\$	\$	\$
Year 2	\$	\$	\$
Year 3	\$	\$	\$

Vendor References:

Please list three vendor references who you have bought materials from in the last year.

1.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
2.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
3.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	

General Contracting References

Please list three general contractors with whom you have worked for in the last year.

1.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
2.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
3.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	

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Bank References

Please list two banks with whom you have worked with in the last 2 years.

1.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	
2.	Name:	Contact:
	Address:	Contact Phone Number/Cell Number:
	City/State/ZIP:	

Please complete requested information on company's recent major construction projects either completed or in progress; or attach list. (Please make additional copies as needed).

Name of Project		Name of Project	
Client/Owner		Client/Owner	
General Contractor		General Contractor	
Location		Location	
Contract Value	\$	Contract Value	\$
Description of Work Being Performed		Description of Work Being Performed	
Architect/Engineer		Architect/Engineer	
General Contractor Contact		General Contractor Contact	
Phone Number		Phone Number	
Completion (Planned) Date		Completion (Planned) Date	
Name of Project		Name of Project	
Client/Owner		Client/Owner	
General Contractor		General Contractor	
Location		Location	
Contract Value	\$	Contract Value	\$
Description of Work Being Performed		Description of Work Being Performed	
Architect/Engineer		Architect/Engineer	
General Contractor Contact		General Contractor Contact	
Phone Number		Phone Number	
Completion (Planned) Date		Completion (Planned) Date	

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1. Have you failed to complete awarded work or been terminated for cause? Do you have any judgements, claims, arbitrations, suits, or liens currently against your organization, or have you had any bankruptcies or reorganizations in the last ten years? Yes No
If yes, please explain:

2. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been subject of any criminal indictment or judgment of conviction for any business-related conduct constituting a crime under state or federal law? Yes No
If yes, please explain:

3. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been subject of any federal or state suspension or disbarment? Yes No
If yes, please explain:

4. Within the past five years, has your company or any of the individuals identified in the Company Information Section of this form been the subject of any formal proceeding or consent order with a state or federal agency involving a violation of state or federal contracting or environmental laws? Yes No
If yes, please explain:

Credit Authorization

The submitter of this prequalification form authorizes contacting any of the references given on this form and further authorizes each of those representatives to disclose any and all information the reference may have regarding the submitter. Also, the submitter authorizes the release of credit information including a credit report or other sources of credit information and this authorization shall be without expiration. Do you agree to these terms? **Yes** **No**

Dunn & Bradstreet # _____

Signature of Officer: _____ Date: _____

Return Completed Form ATTN: _____ Title: _____

Company: _____ Fax: _____