

**SUBCONTRACTOR PREQUALIFICATION FORM**

**PROJECT:** \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**What size of work do you want to be prequalified for?**

Single Project: \_\_\_\_\_

Total Work Program: \_\_\_\_\_

\*Total work program is the subcontractor's total backlog (cost to complete), including new projects.

**FIRM NAME:** \_\_\_\_\_

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

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

Phone: (\_\_\_\_) \_\_\_\_\_ Fax: (\_\_\_\_) \_\_\_\_\_

Contact for Inquiries: \_\_\_\_\_

Contractor Licensing Number \_\_\_\_\_ State: \_\_\_\_\_

**BONDING:**

Surety Company: \_\_\_\_\_

Agent Company: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Your Bonding Capacity: Single \$ \_\_\_\_\_ Aggregate \$ \_\_\_\_\_

Bonding Capacity Available: \$ \_\_\_\_\_

\*Include a letter from your surety outlining your bonding capacity in a format similar to the attached.

**INSURANCE:**

Insurance Company: \_\_\_\_\_

Agent Company: \_\_\_\_\_

Agent Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

\*Attach sample certificate of insurance evidencing all lines of insurance currently in place.

**SAFETY:**

	YEAR ⇨		
Workers' Compensation Experience Modification Rate for last three years.			

NOTE: If EMR Average for last three years is over 1.0, you must submit an OSHA 200 log for each year with this response.

Have you had any OSHA fines within the last three years? YES  NO

Have you had any jobsite fatalities within the last three years? YES  NO

If you have answered **YES** to either of the above two questions, you **MUST** submit on separate sheet the details describing the circumstances surrounding each incident.

**GENERAL:**

Years in business under present name (minimum of three years required): \_\_\_\_\_

Years performing work specialty (minimum of five years required): \_\_\_\_\_

Current Cost to Complete Backlog: \$ \_\_\_\_\_

Annual Revenue Last Year: \$ \_\_\_\_\_

Average Annual Revenue Over Last Three Years: \$ \_\_\_\_\_

What trades of work do you usually perform with your own forces: \_\_\_\_\_

% of work performed by own forces: \_\_\_\_\_%

Union affiliations: \_\_\_\_\_

Local

National

Contract expiration dates: \_\_\_\_\_

Total number of permanent staff presently employed by firm: \_\_\_\_\_

The above-referenced permanent staff employment includes the following # of people:

Management	# _____	Superintendents	# _____
Engineers/Arch.	# _____	Foremen	# _____
Draftsmen	# _____	Skilled Craftsmen	# _____
Project Managers	# _____	Unskilled Labor	# _____
Project Engineers	# _____	Other	# _____
Estimators	# _____		
Other	# _____		

**LIST THREE TRADE REFERENCES (or attach a list of trade references with this response)**

**Reference 1:**

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Reference 2:**

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**Reference 3:**

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

**LIST THREE OWNERS, GENERAL CONTRACTORS, OR CONSTRUCTION MANAGERS YOU HAVE WORKED FOR WITHIN THE PAST TWO YEARS:**

**Reference 1:**

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Project: \_\_\_\_\_

**Reference 2:**

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Project: \_\_\_\_\_

**Reference 3:**

Company: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Project: \_\_\_\_\_

**LIST THREE MOST SIGNIFICANT PROJECTS PRESENTLY UNDER CONSTRUCTION:**

**Project 1:**

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect, GC,  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Project 2:**

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect, GC,  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Project 3:**

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect, GC,  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**LIST THREE MOST SIGNIFICANT PROJECTS COMPLETED IN THE LAST FIVE YEARS (not including projects listed above):**

**Project 1:**

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect, GC,  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Project 2:**

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect, GC,  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Project 3:**

Project: \_\_\_\_\_  
Location: \_\_\_\_\_  
Architect, GC,  
CM or Owner: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  
Contract Amount: \$ \_\_\_\_\_ Completion Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**BANK REFERENCES, CREDIT REFERENCES:**

Bank Name: \_\_\_\_\_  
Contact: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

- Has firm:
- Failed to complete a contract YES  NO
  - Been involved in bankruptcy or reorganization YES  NO
  - Pending judgment claims or suits against firm YES  NO
- (If answer to preceding is yes, submit details on separate sheet.)

**FINANCIAL STATEMENT:**

Please submit a financial statement for this company. (A current Certified Financial Statement prepared by an independent third party is preferable.) The Financial Statement should contain reasonably current data and reflect the general current financial condition of the firm.

Date of Statement on balance sheets: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Firm preparing statements: \_\_\_\_\_

**I hereby certify that the above information is true and complete to the best of my knowledge.**

Signature: \_\_\_\_\_  
(Officer of the Firm)

Type of Firm

Corporation

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

Partnership

Title: \_\_\_\_\_

Sole Proprietor

Date: \_\_\_\_\_

Limited Liability Co.

**END OF PREQUALIFICATION FORM**