

SUBCONTRACTOR PREQUALIFICATION FORM

Company Information

<p>Company Name:</p> <p>Legal Name:</p> <p>Company Address:</p> <p>County:</p> <p>Phone Number:</p> <p>Fax Number:</p> <p>Has ownership changed in the last three years? Yes No</p> <p>If yes, please explain:</p>	<p>Entity Type:</p> <p>Website Address:</p> <p>Year Established:</p> <p>Dun & Bradstreet #:</p> <p>Federal Tax ID #:</p> <p># of Employees:</p> <p># of Field Workers:</p> <p>Percent of Work Self Performed % <small>(based on annual review)</small></p> <p>General Excise Tax # <small>(Hawaii only)</small></p>
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Company Contacts

<p><u>Contact for Invitations to Bid:</u></p> <p>Contact Name:</p> <p>Company Title:</p> <p>Phone Number:</p> <p>Email:</p>	<p><u>Contact for General Information:</u></p> <p>Contact Name:</p> <p>Company Title:</p> <p>Phone Number:</p> <p>Email:</p>
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Parent/Affiliate Information (if applicable)

<p><u>Name:</u></p> <p>1:</p> <p>2:</p> <p>3:</p>	<p><u>Describe Relationship:</u></p>
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Union Affiliation

<p><u>Union Affiliated?</u> <small>If yes, list name(s) of Union(s)</small></p>	Yes	No	
1:			<u>Check All That Apply:</u>
2:			Union Affiliation of Field Personnel
3:			Union Affiliation of Shop Personnel
4:			

Licenses

<u>Issuing Authority:</u>	<u>Class:</u>	<u>License Number:</u>	<u>Expiration Date:</u>
1:			
2:			
3:			
4:			

CSI/Geographic Range

Primary Trades/Work/Scopes/ CSI Spec Divisions Typically Performed:

Geographic Regions Where You Perform Work – Including Other States:

Product/Service Segments

List Type of Projects Performed in the Last 5 Years:

Hospital/OSHPD	Hospitality	Restaurants/ Cafeterias
Residential	Tenant Improvements	Other
Higher Education	Research/BIO/Tech/ Laboratory	
K-12 Schools		

References

Trade/Supplier | please provide 3 references:

Company:	Company:	Company:
Contact:	Contact:	Contact:
Title:	Title:	Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:

General Contractor | please provide 3 references:

Company:	Company:	Company:
Contact:	Contact:	Contact:
Title:	Title:	Title:
Phone:	Phone:	Phone:
Email:	Email:	Email:

Insurance

*please attach a copy of your insurance certificate. Insurance must comply with our requirements.

Company:	Company:
Contact:	Contact:
Title:	Title:

Limits of General Liability Insurance:

Each Occurrence: Aggregate:

Limits of Excess/Umbrella Liability Insurance:

Each Occurrence: Aggregate:

*Must have minimum \$5 million Excess/Umbrella

Limits of Excess/Umbrella Liability Insurance:

Combined Single Unit:

Workers Compensation/Employers Liability:

WC Statutory Limit:

EL Each Accident:

EL Disease Each Employee:

EL Disease Policy Limit:

Pollution Liability:

Contract Liability:

Other Insurance:

Bonding

*please attach a letter of bondability from your bonding agent or bonding company, to confirm your bondibility and the bonding information you provided.

Bondable? Yes No

Company:	Bonding Rate:
Contact Name:	Single Project Limit:
Title:	Aggregate Limit:
Phone Number:	Current Available Capacity:
Email Address:	

Claims & Bankruptcies

Has your company ever failed to complete or been terminated on a contract? Yes No
If yes, please explain:

Has your company ever gone through a bankruptcy or reorganization? Yes No
If yes, please explain:

Financial Information

Financial statements may be required to qualify for certain projects. If requested, will you comply?
These will be kept confidential except may be necessary for project qualification.

Does your company accept Credit Card payments? Yes No

Safety

EMR (Experience Modification Rate) – Last 3 years:

*This relates to your Work Compensation insurance and you can acquire this information from your insurance provider.

1. 20 2. 20 3. 20

Does your company have a written drug test policy? Yes No

Does your company have a dedicated safety officer? Yes No Name

Number of Serious OSHA Violations – Last 3 years

1. 20 2. 20 3. 20

Number of General OSHA Violations – Last 3 years

1. 20 2. 20 3. 20

Attachments

*Check all that apply

Sample of Insurance Certificate (REQUIRED)

Contractor's License (REQUIRED)

Letter of Bondibility

Written Safety Program (IIPP)

SUBMITTED BY:

Company Name:

Company Signature:

Title:

Date: