



## Subcontractor Prequalification Form

### A. Company Information

Company \_\_\_\_\_

Address \_\_\_\_\_

Contact \_\_\_\_\_ Position \_\_\_\_\_

Phone \_\_\_\_\_ ext. \_\_\_\_\_ Cell \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Federal Tax ID # \_\_\_\_\_

Years in business \_\_\_\_\_

### B. Safety Information

List your Experience Modification Rate (EMR) for the last 3 years:

Year	Rate
_____	_____
_____	_____
_____	_____

Number of OSHA Recordable incidents over the prior 3 years:

\_\_\_\_\_  
(Data available at [www.osha.com](http://www.osha.com))

If Current exceeds 1.0 please explain: \_\_\_\_\_

TRIR \_\_\_\_\_ DART \_\_\_\_\_

Do you have a written Safety Program?

Yes  No

Are all employees trained in safety requirements?

Yes  No

Do you have a Company Safety Director or other Safety Professionals on Staff?

Yes  No

If yes, Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Are toolbox safety meetings conducted at the jobsite?  Yes  No At another location?  Yes  No

How often? Daily \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Weekly \_\_\_\_\_ Other \_\_\_\_\_

Are jobsite safety inspections conducted at the jobsite?  Yes  No

How often? Daily \_\_\_\_\_ Weekly \_\_\_\_\_ Monthly \_\_\_\_\_ Other \_\_\_\_\_

If yes, who conducts inspections? Name and Title: \_\_\_\_\_

Does your company have a new employee safety orientation program?  Yes  No

Will you always have a competent person on the jobsite?  Yes  No

How is an accident and / or illness case recorded? \_\_\_\_\_



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### C. Other Company Information

Number of Employees (journeymen, drivers, laborers, etc.): \_\_\_\_\_

Bond Rate%: \_\_\_\_\_ Bonding Company \_\_\_\_\_ Years w/Bonding Co.: \_\_\_\_\_

Comments: \_\_\_\_\_

Union  Merit Shop

Other business names you have operated under in the last 5 years? \_\_\_\_\_

Do you subcontract any services to other trades?  Yes  No

Do you obtain their COI?  Yes  No Are you an additional insured on the subs insurance policy?  Yes  No

Has your firm failed to complete a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Submit details on separate sheet if yes.</b>
Has your firm been involved in a bankruptcy reorganization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Submit details on separate sheet if yes.</b>
Has pending judgements, claims or suites against your firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Submit details on separate sheet if yes.</b>
Has the owner or any officer failed to complete a contract?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Submit details on separate sheet if yes.</b>
Has your firm been involved in a bankruptcy reorganization?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Submit details on separate sheet if yes.</b>
Has pending judgements, claims or suites against your firm?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<b>Submit details on separate sheet if yes.</b>

### D. Project Information Section

Current Yr. Company Workload: \$ \_\_\_\_\_ Current Yr. Company Backlog: \$ \_\_\_\_\_

*List data for three most recent completed fiscal years*

Most recent	Max. Contract Value Completed \$	Annual Company Revenue \$
<hr/>		
1- Year prior	Max. Contract Value Completed \$	Annual Company Revenue \$
<hr/>		
2- Years prior	Max. Contract Value Completed \$	Annual Company Revenue \$



## Subcontractor Prequalification Form

**List four of the most significant projects completed in the last five years:**

1. Project & Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Reference Contact / Phone: \_\_\_\_\_

2. Project & Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Reference Contact / Phone: \_\_\_\_\_

3. Project & Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Reference Contact / Phone: \_\_\_\_\_

4. Project & Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Reference Contact / Phone: \_\_\_\_\_

**List most significant projects currently under construction:**

1. Project & Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Reference Contact / Phone: \_\_\_\_\_

2. Project & Location: \_\_\_\_\_

Owner: \_\_\_\_\_ Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_ Reference Contact / Phone: \_\_\_\_\_



## Subcontractor Prequalification Form

### E. Reference Section

#### **Project References (2):**

Project Name: \_\_\_\_\_ Project Location (City, State): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_

Your Firm's Approximate Contract Amount: \_\_\_\_\_ Project General Contractor: \_\_\_\_\_

General Contractor Contact & Telephone Number: \_\_\_\_\_

Briefly Describe Work Performed By Your Firm: \_\_\_\_\_

Project Name: \_\_\_\_\_ Project Location (City, State): \_\_\_\_\_ Completion Date (MM/YY): \_\_\_\_\_

Your Firm's Approximate Contract Amount: \_\_\_\_\_ Project General Contractor: \_\_\_\_\_

General Contractor Contact & Telephone Number: \_\_\_\_\_

Briefly Describe Work Performed By Your Firm: \_\_\_\_\_

#### **Supplier References (1):**

Company Name: \_\_\_\_\_ Address: \_\_\_\_\_

Contact & Telephone Number: \_\_\_\_\_

#### **Bank References (1):**

Financial Institution: \_\_\_\_\_ Address: \_\_\_\_\_

Contact & Telephone Number: \_\_\_\_\_ Established Line of Credit?  Yes  No

Signature: \_\_\_\_\_

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