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- ENTERED INTO PROLOG DATABASE \_\_\_\_\_  
 ENTERED INTO PUBLIC OUTLOOK CONTACTS \_\_\_\_\_  
 ENTERED INTO SUB BID LIST \_\_\_\_\_

# Subcontractor Prequalification Statement

## General Information

Company Name			
DBA			
Address		City	State Zip
PO Box		City	State Zip
Main Phone	Main Fax	Website	E-Mail

## Contact Information

Principal Contact & Title	Phone	Fax	Cell	E-Mail
President / Owner	Phone	Fax	Cell	E-Mail
Vice President	Phone	Fax	Cell	E-Mail
Controller / Accounting Manager	Phone	Fax	Cell	E-Mail
Estimator	Phone	Fax	Cell	E-Mail
Safety Officer	Phone	Fax	Cell	E-Mail

## Legal / Financial Information

<input type="checkbox"/> Subcontractor <input type="checkbox"/> Supplier		<input type="checkbox"/> Union <input type="checkbox"/> Non-Union		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of Company	Federal Identification Number	Labor Affiliation	Contractor's License & Expiration	Design / Build Experience
<input type="checkbox"/> Corporation <input type="checkbox"/> Incorporation	<input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Joint Venture <input type="checkbox"/> LLC		
Business Type		Established	Yrs in Business	Employees' In Office Employees' In Field
<input type="checkbox"/> MBE <input type="checkbox"/> SBE <input type="checkbox"/> DVBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> Other				
Certifications	Annual Volume	Dun Bradstreet No & Rating	Minimum Contract Value	Maximum Contract Value
<input type="checkbox"/> 01 - Engineering & Design <input type="checkbox"/> 02 - Site Construction <input type="checkbox"/> 03 - Concrete	<input type="checkbox"/> 04 - Masonry <input type="checkbox"/> 05 - Metals <input type="checkbox"/> 06 - Wood & Plastics	<input type="checkbox"/> 07 - Thermal & Moisture Protection <input type="checkbox"/> 08 - Doors & Windows <input type="checkbox"/> 09 - Finishes	<input type="checkbox"/> 10 - Specialties <input type="checkbox"/> 11 - Equipment <input type="checkbox"/> 12 - Furnishings <input type="checkbox"/> 13 - Specialty Equip.	<input type="checkbox"/> 14 - Conveying Equip. <input type="checkbox"/> 15 - Mechanical <input type="checkbox"/> 16 - Electrical
Bid Item Categories. Please check all boxes that apply				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Bondable	Bonding Company	Bonding Capacity	Bonding Co. A.M. Best Rating	

## Safety

Experience Modification Rate (EMR)	Does your firm have a written Safety Plan?	Does your firm comply with the Drug Free Work Act?	OSHA Recordable Incident Rate (Current Year)	OSHA Lost day Incident (Current Year)
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## References

### GENERAL CONTRACTOR REFERENCES (List at least two)

First Company Name				Contact / Title	
Address		City	Zip	State	
Main Phone	Main Fax	Website	E-Mail		
Second Company Name				Contact / Title	
Address		City	Zip	State	
Main Phone	Main Fax	Website	E-Mail		

### SUB-SUBCONTRACTOR / SUPPLIER REFERENCES (List at least two)

First Company Name				Contact / Title	
Address		City	Zip	State	
Main Phone	Main Fax	Website	E-Mail		
Second Company Name				Contact / Title	
Address		City	Zip	State	
Main Phone	Main Fax	Website	E-Mail		

### BANKING REFERENCES (Optional)

First Company Name				Contact / Title	
Address		City	Zip	State	
Main Phone	Main Fax	Website	E-Mail		
Second Company Name				Contact / Title	
Address		City	Zip	State	
Main Phone	Main Fax	Website	E-Mail		

## Insurance Requirements

Do you have a financial rating of at least A-VII as defined by A.M. Best company? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to indicate 'per project', on the General Liability certificate of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide "completed operations or your work" endorsement or its equivalent? (CG 2010 11/85) <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to provide General Liability with limits of \$1 Million each occurrence and \$2 Million aggregate? <input type="checkbox"/> Yes <input type="checkbox"/> No
On occasion the Owner of a project may exclude a blanket endorsement. Would you be able to arrange for the additional insured's to be written verbatim on the actual endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to provide Business automobile liability with \$1 million for combined single liability limit, which must cover "all owned autos, hired autos and non-owned autos?" <input type="checkbox"/> Yes <input type="checkbox"/> No
If you are self employed and/or have no employees, are you able to provide the Exemption from Worker's Compensation 13L-50 (6/04) form? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to provide a waiver's of subrogation for Workers Compensation Liability? <input type="checkbox"/> Yes <input type="checkbox"/> No
On occasion the Owner of a project may require Excess Liability in the amount of \$3,000,000, are you able to provide this limit? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you able to provide 'Primary and non-contributing' wording on the endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you able to provide a minimum of thirty- (30) day's written notice in the event of cancellation? <input type="checkbox"/> Yes <input type="checkbox"/> No	

## Information Provided By:

Signature & Title	Date