

# Subcontractor Prequalification Form



Date (Month/Day/Year) \_\_\_\_\_ Person Completing Form \_\_\_\_\_

## Company Information (Please print or type)

Legal Business Name \_\_\_\_\_ Company website \_\_\_\_\_  
Address/City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Contact Name and Email \_\_\_\_\_  
Fax \_\_\_\_\_ Second Contact Name and Email \_\_\_\_\_  
National Construction Trade Association Membership  
 Associated Builders and Contractors  Associated General Contractors  Other \_\_\_\_\_

## Company Profile

Type of Company  Subcontractor (Furnish and Install)  Subcontractor (Install Only)  Supplier (Materials Only)  
CSI Number(s): \_\_\_\_\_ SIC Number(s): \_\_\_\_\_  
Project Size (check all that apply)  \$200,000 or below  \$201,000-\$399,000  \$400,000-\$999,999  \$1,000,000 or more  
Types of Projects (Check all that apply)  Life Sciences  Healthcare  Schools  Government  Hospitality  
 Industrial  Office  Restaurant  Retail  Other \_\_\_\_\_  
Geographic Work Areas (List states) \_\_\_\_\_  
Certified Minority Business Enterprise Contractor (MBE)?  Yes  No Certified Women Business Enterprise Contractor (WBE)?  Yes  No  
Certified by: \_\_\_\_\_  
Do you have experience with LEED/green buildings?  Yes  No Do you have experience with Design/Build?  Yes  No

## Company Organization

Corporation  Sole Proprietor  LLC  Partnership  General or Limited  Joint Venture  
Date of Establishment (month/day/year): \_\_\_\_\_ State Where Established: \_\_\_\_\_  
List of states/metro areas in which authorized to do work (please include license number if applicable):  
State/License # \_\_\_\_\_ State/License # \_\_\_\_\_ State/License # \_\_\_\_\_  
 Federal ID Number \_\_\_\_\_ Other \_\_\_\_\_ Other \_\_\_\_\_  
Contractor Parent Company Name \_\_\_\_\_ Number of Employees (Office and Field) \_\_\_\_\_  
President/Address/Phone \_\_\_\_\_

## Bonding and Insurance

Insurance Company: \_\_\_\_\_ Insurance Agent \_\_\_\_\_ Insurance Agent Phone \_\_\_\_\_  
Bonding Company \_\_\_\_\_ Bonding Company Contact \_\_\_\_\_ Bonding Contact Phone \_\_\_\_\_  
Total Bonding Capacity \$ \_\_\_\_\_ Current Available Bonding Capacity/Single Job \$ \_\_\_\_\_

**Please attach insurance certificates.**

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Do you currently carry or can you obtain the following insurance coverage?

Workers' Compensation Statutory Maximum at Project Site Location  Yes  No

General Liability \$1,000,000/\$2,000,000 aggregate  Yes  No Employer Liability \$1,000,000/per statute  Yes  No

Automobile Liability \$1,000,000/CSL  Yes  No Umbrella Liability \$1,000,000/\$1,000,000 aggregate  Yes  No

## Safety Information

List your experience modification rate (EMR) for the last three years. Number of OSHA recordable incidents over the last three years. Data available at [www.osha.com](http://www.osha.com)

Year: _____	Rate: _____	Year: _____	Number: _____
Year: _____	Rate: _____	Year: _____	Number: _____
Year: _____	Rate: _____	Year: _____	Number: _____

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 \_\_\_\_\_

## Sales Information (Three prior fiscal years; 1 is most recent year; 3 is furthest)

Year 1	Maximum Contract Value Completed \$ _____	Annual Company Revenue \$ _____	Current Year Company Workload \$ _____
Year 2	Maximum Contract Value Completed \$ _____	Annual Company Revenue \$ _____	Current Year Company Workload \$ _____
Year 3	Maximum Contract Value Completed \$ _____	Annual Company Revenue \$ _____	Current Year Company Workload \$ _____

## Vendor References (Please list three vendor references who you have bought materials from in the last year.)

Company _____	Contact Name _____
Address _____	Contact Phone _____
City/State/Zip _____	

Company _____	Contact Name _____
Address _____	Contact Phone _____
City/State/Zip _____	

Company _____	Contact Name _____
Address _____	Contact Phone _____
City/State/Zip _____	

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## General Contracting (Please list three general contractors with whom you have worked for in the last year.)

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact Phone \_\_\_\_\_  
City/State/Zip \_\_\_\_\_

## Bank Reference (Please list a bank with whom you have worked within the last two years)

Company \_\_\_\_\_ Contact Name \_\_\_\_\_  
Address \_\_\_\_\_ Contact Phone \_\_\_\_\_

## Recent Projects (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 \_\_\_\_\_  
Client/Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_  
Location \_\_\_\_\_  
Contract Value \_\_\_\_\_  
Description of Work Being Performed \_\_\_\_\_  
Architect/Engineer \_\_\_\_\_  
General Contractor Name \_\_\_\_\_  
Phone \_\_\_\_\_  
Completion (Planned) Date \_\_\_\_\_

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

Name of Project \_\_\_\_\_  
Client/Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_  
Location \_\_\_\_\_  
Contract Value \$ \_\_\_\_\_  
Description of Work Being Performed \_\_\_\_\_

Name of Project \_\_\_\_\_  
Client/Owner \_\_\_\_\_  
General Contractor \_\_\_\_\_  
Location \_\_\_\_\_  
Contract Value \$ \_\_\_\_\_  
Description of Work Being Performed \_\_\_\_\_

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Architect/Engineer _____	Architect/Engineer _____
General Contractor Name _____	General Contractor Name _____
Phone _____	Phone _____
Completion (Planned) Date _____	Completion (Planned) Date _____

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 10 years?

Yes  No If yes, please explain. \_\_\_\_\_

If yes, please explain.

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the 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. \_\_\_\_\_

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm been the subject of any federal or state suspension or disbarment?

Yes  No If yes, please explain. \_\_\_\_\_

Within the past five years, has your company or any of the corporate officers, partners or proprietors of your firm 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 pre-qualification 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

Dun & Bradstreet Number: \_\_\_\_\_

Signature of Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Return Completed Form ATTN: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_ Fax: \_\_\_\_\_

Please send completed form to Kate Martin, [kmartin@bwkennedyco.com](mailto:kmartin@bwkennedyco.com)