



## Subcontractor Prequalification Application

**General Information:**

Subcontractor Name: \_\_\_\_\_ Contact Name & Title: \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

When was Subcontractor business established? \_\_\_\_\_

Is Subcontractor Union or Non-Union? \_\_\_\_\_ If Union, which Local(s): \_\_\_\_\_

Specific Subcontractor Trade or Association: \_\_\_\_\_

**Please list types of work that Subcontractor performs. Please indicate years of experience for each:**

Type of Work: \_\_\_\_\_ Years of Experience: \_\_\_\_\_

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**Please list the states in which Subcontractor is licensed:**

State: \_\_\_\_\_ License No. \_\_\_\_\_

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**Please indicate Subcontractor's key personnel:**

Owner or CEO: \_\_\_\_\_ CFO or Controller: \_\_\_\_\_

Safety Director: \_\_\_\_\_ Other Key Contact: \_\_\_\_\_

**Please indicate Subcontractor's annual work in place for the following:**

Current Year: \_\_\_\_\_ Year Prior: \_\_\_\_\_ Two Years Prior: \_\_\_\_\_

**Subcontracting, Self-Performance and Staffing**

Please indicate what percentage of Subcontractor work is: Self-Performed \_\_\_\_\_ Subcontracted \_\_\_\_\_

Does Subcontractor utilize any Staffing or Manpower Agencies to staff projects? \_\_\_\_\_

If yes, please indicate name(s) of Staffing or Manpower Agencies: \_\_\_\_\_

If yes, is this a regular use, or occasional? \_\_\_\_\_

**Bonding:**

Please indicate if Subcontractor's company is bonded? \_\_\_\_\_

If yes, please indicate the Surety: \_\_\_\_\_

Bonding Limits Per Project: \_\_\_\_\_ Aggregate: \_\_\_\_\_

**Insurance:**

Please submit a current Certificate of Insurance reflecting Subcontractor insurance coverages and limits.

**Bankruptcy, Default and Legal:**

Has your company ever filed for bankruptcy? \_\_\_\_\_ If yes, then when was the filing? \_\_\_\_\_

Has your company ever defaulted on a construction contract? \_\_\_\_\_

Does your organization have any pending, judgments, claims or suits outstanding against your company?  
\_\_\_\_\_ If yes, please explain: \_\_\_\_\_



**Safety:**

Current EMR: \_\_\_\_\_ Prior Year EMR: \_\_\_\_\_ Two Year's Prior EMR: \_\_\_\_\_  
Current TRIR: \_\_\_\_\_ Prior Year TRIR: \_\_\_\_\_ Two Year's Prior TRIR: \_\_\_\_\_

Has Subcontractor had any OSHA (excluding any De Minimis infractions) or EPA violations in the last five (5) years? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Is Subcontractor's key employees certified in any of the following?

OSHA 10: \_\_\_\_\_ OSHA 30: \_\_\_\_\_ First Aid/CPR: \_\_\_\_\_

Please list any other pertinent trainings: \_\_\_\_\_

Does Subcontractor have its own Safety Plan? \_\_\_\_\_ If yes, then please submit a copy of Subcontractor's Safety Plan for review.

**References:**

Please list three previous client references, with contact information and brief description of the type and value of each project:

Client Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Value of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Client Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Value of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

Client Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Contact Email: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Type of Project: \_\_\_\_\_ Value of Project: \_\_\_\_\_ Date of Completion: \_\_\_\_\_

**Subcontractor Acknowledgement**

Subcontractor represents that all information provided herein, and any documentation supplied for review, are true and accurately represent the past and current state of Subcontractor's company. Subcontractor acknowledges that all information supplied will be used for the purpose of determining the Subcontractor's Prequalification approval status, including, but not limited to contacting of references listed and verification of information provided herein.

**Subcontractor:**

(Insert Subcontractor Name Here)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name/Title