

# SUBCONTRACTOR/SUPPLIER PREQUALIFICATION FORM

## **Company Info**

Name:	
Primary Address:	
Office Phone Number:	
Web Address:	
Industries Served:	
Trade(s) Self-Performed:	
Do you use 1099 or temp labor staffing age	ency labor to self-perform labor?
Geographical Areas Served:	
Year of Organization:	Union or Non-union shop:
Check if Applicable:	
8(a) Minority Own Small Business	HUB Zone Business
Woman Owned Small Business	Service Disabled Owned Small Business
Total Small Business	Veteran Owned Business



## **Company Financials**

Annual Construction Volume:
Bank Name:
Bank Contact:
Ever Filed for Bankruptcy:
Bonding Capacity
Single Project:
Aggregate:
Bonding Company:
Bonding Company Contact:
Largest Single Project:
Current Backlog:
Past Performance Questionnaire  Has your company ever Been Terminated for Default?
If yes, please provide the following:
1) Number of times:
Are you currently in litigation?
Have you ever had a project shut down due to your company's actions or inactions?
Briefly describe the nature of the shutdown (safety, quality, schedule, other conflicts)



## **Relevant Past Performance**

List Three Projects Performed in the last three years that exemplify the company's strengths.

Project 1		
Name:		
Location:		
Your Contract Price:	Duration:	
Scope of Work:		
Reference Point of Contact:		
Project 2		
Name:		
Location:		
Your Contract Price:		
Scope of Work:		
Reference Point of Contact:		
Project 3		
Name:		
Location:		
Your Contract Price:		
Scope of Work:		
Reference Point of Contact:		



	Safety and Quality	
2021 Hours Worked:	2021 EMR:	
2022 Hours Worked	77.50	

2022 Hours Worked:	2022 EMR:
	2023 EMR:
Does your company have a written Quality Cont before submitting your bid?	trol Plan, and are you willing to submit it for review
Who administers your company's Quality Contr	ol Plan?
What, if any, employees in your company are qu	nality control trained, and what certifications do they
Does your company have a written Accident Pre review before submitting your bid?	evention Plan, and are you willing to submit it for
	vention Plan?
Does your company have a Corporate Safety Dir	rector?
What roles within your company are OSHA 10 c	ertified?
What roles within your company are OSHA 30 c	certified?
Who in your company is responsible for mainta	ining general contractors' schedules?
What actions are taken when schedule slippage	is identified and due to your company's actions?
I am authorized to complete this prequalificatio	n form, and the information provided herein is

I am authorized to complete this prequalification form, and the information provided herein is accurate and true to the best of my knowledge.

Printed Name:	Date:
Signature:	Title:



#### **Insurance Requirements**

Type of Insurance	B2 Constructors Limit Requirement		Subcontractor Limit
Commercial General Liability (Per Project)	Each Occurrence	\$1,000,000	
	Damages to Rented Premises (Ea. Occurrence)	\$100,000	
	Med Exp (Any One Person)	\$5,000	
	Personal & Adv. Injury	\$1,000,000	
(i ci i ioject)	General Aggregate	\$2,000,000	
	Products - Comp/OP Agg	\$2,000,000	
Automobile Liability	Combined Single Limit (Ea. Accident)	\$1,000,000	
Umbrella Liability	Each Occurrence	\$1,000,000	
	Aggregate	\$1,000,000	
Workers Compensation and Employer's Liability	E.L Each Accident	\$500,000.00	
	E.L Disease -Ea. Employee	\$500,000.00	
	E.L Disease -Policy Limit	\$500,000.00	
Riggers Liability	Limit	\$250,000.00	

Description of Operations/Locations/Vehicles

B2 Constructors, LLC and Owner are listed as additional insureds for ongoing and completed operations under the liability policy. A Waiver of Subrogation in favor of B2 Constructors, LLC is included in Liability and Workers' Compensation Policies.

