



Subcontractor / Vendor Prequalification Statement

Date of Response: _____

Name of Company: _____

Type of work your firm performs: _____

State of Incorporation: _____ Date of Incorporation: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____ Main Fax Number: _____

Corporate Officers & Main Contacts (Name)	Title	Telephone #	Cell Phone #	Fax Number

M/W/SBE Certifications	M/W/SBE Description	Certifying Agency

EMPLOYMENT INFORMATION

	Home Office	Field Supervisory	Trades People	Total
Current				
Three Year Average				

TRADE / LABOR INFORMATION

Union Information					
Local Number	Union Name	Telephone	Union Contact	Union Bond Value	Agreement Expiration



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SAFETY INFORMATION

Current EMR Rates		
State	Year	Rate
	2010	
	2009	
	2008	

OSHA 30 Certified Personnel		
Name	Phone	Email

OSHA 200/300 Information								
Reporting Year	# of Fatalities	Description	# of Lost & Restricted Workday Cases	Employee Hours Worked	# of OSHA Violations Has Company Received this Year	If Violations Were Willful, Provide Description	Recordable Incidence Rate	Lost Workday Incidence Rate
Current Year								
Prior Year								
Two Years Prior								

Safety Questionnaire			
Question	Yes	No	Comments
Does your company have a qualified person solely responsible for safety? If Yes, please attach a resume or description of qualifications.	<input type="checkbox"/>	<input type="checkbox"/>	
Does this person perform safety inspections on all of your projects? If so, how often?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a written Company Safety Policy and Program; and will you provide copies if requested?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company have a drug testing policy? If Yes, please check which are included in the policy. PreEmployment: <input type="checkbox"/> Cause: <input type="checkbox"/> Post Accident/Incident: <input type="checkbox"/> Random: <input type="checkbox"/> Periodic: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Will your company comply with our return to work program (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require 100% fall protection from a height greater than 6-foot?	<input type="checkbox"/>	<input type="checkbox"/>	
If requested, will you provide us with a site specific fall protection plan addressing the specific hazards related to your work at any site?	<input type="checkbox"/>	<input type="checkbox"/>	
Does your company require documented safety meeting for the employees? Indicate which and how often for the following employees: General Labor: <input type="checkbox"/> Field Supervisors: <input type="checkbox"/> New Hires: <input type="checkbox"/> Subcontractors/Vendors: <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	



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GENERAL FINANCIAL INFORMATION

State Sales Tax Info: State: _____ Sales Tax Number: _____

Contractor License Info: State: _____ Number: _____ Expires: _____

State Unemployment: State: _____ State Unemployment Identifier (SUI) Number: _____

Federal Employment Identifier Number: _____

Largest Contract Completed in last (3) years:

Amount: _____ Year: _____

Project Name: _____

Scope: _____

Annual Volume of Work Performed over the Past 5 Years:

Year _____ Average Volume \$ _____

Year _____ Average Volume \$ _____

Year _____ Average Volume \$ _____

Year _____ Average Volume \$ _____

Year _____ Average Volume \$ _____

Percentage of Work Normally Subcontracted: _____ %

All Building Types on which your company has worked:

Commercial
Hotels/Motels
Healthcare
Residential

Design/Build Design Assist
Interior Fit-out
Sports/Entertainment

Banking Information:

Bank Name: _____

Line of Credit: \$ _____ Available: \$ _____ Expires: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Name: _____ Phone: _____ Fax: _____



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LEGAL INFORMATION

1. Has your Company or any of its principals ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you:
Yes No (If yes, please attach statement)

2. Have any of the Owners, officers or major stockholders of your Company ever been indicated or convicted of any felony or other criminal conduct?
Yes No (If yes, please attach statement)

3. Has your Company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?
Yes No (If yes, please attach statement)

4. Is your Company or any of its owners, officers or major shareholders currently involved in any arbitration or litigation?
Yes No (If yes, please attach statement)

5. Does your Company have any outstanding judgments or claims against it?
Yes No (If yes, please attach statement)



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BOND / SURETY INFORMATION

Surety Company Name: _____ Since: _____

Surety Broker Name: _____

Bonding Capacity Per Job: \$_____

Aggregate: \$_____

Contact Information for bond information:

Contact Name: _____ Phone: _____ Fax: _____

***Attached a copy of a letter from your Bonding Company indicating your ability to provide a Payment and Performance Bond in the amount of the project size you indicate on this page.**



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INSURANCE INFORMATION

***You may attach a sample insurance certificate, identifying limits of coverage, rather than filling in the limits outlined in this section. You MUST still provide the Broker's Contact Information & Worker's Comp Risk ID #.**

Insurance Broker Contact Information:

Company Name: _____
 City: _____ State: _____
 Contact Name: _____ Phone: _____ Fax: _____
 Mobile: _____ Email: _____

Commercial General Liability Info:

Insurance Carrier: _____

	Current
General Aggregate	\$
Products – Completed Ops Aggregate	\$
Personal/Adv. Injury	\$
Per Occurrence	\$
Fire Damage (any one fire)	\$
Medical Expenses (any one person)	\$
Deductible Amount	\$

Excess Liability Info:

Excess Liability Insurance Carrier: _____
 Total Limit: \$ _____

Workers Compensation and Employer's Liability Info:

Insurance Carrier: _____ Workers Comp Risk ID # _____
 Limits: \$ _____
 Employers Liability Each Accident: \$ _____
 Employers Liability Disease-Policy Limit: \$ _____
 Employers Liability Disease Each Employee: \$ _____



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INSURANCE INFORMATION

Automobile Liability Info:

Auto Insurance Carrier: _____

	Current
Combined Single Limit	\$
Bodily Injury (per person)	\$
Bodily Injury (per accident)	\$
Property Damage	\$

Professional Liability Insurance Info:

Insurance Carrier: _____

Office Policy Limit: \$_____ Deductible: \$_____

Extended Reporting Period (tail): Years: _____

Prior Acts: Yes No



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FINANCIAL INFORMATION

Please provide the following information:

- 1) A copy of your latest **audited or reviewed or compiled financial statement** (Your financial statement is strictly for Hunter Roberts Construction Group Department use and will be treated confidentially).
- 2) A complete list of current projects giving name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion. (Include contact people and phone numbers).

We have attempted to answer all questions in full and complete manner to assure that our answers are not in any respect misleading, either by expressing ourselves in a misleading or ambiguous manner or omitting information. We recognize that Hunter Roberts Construction Group will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and in awarding work to our Company.

Dated at _____ this _____ day of _____, 20____.

Name of Company: _____

Completed By: _____

Title: _____

_____ being duly sworn deposes and says that the information provided herein is true and sufficiently complete so as to not be misleading,

Subscribed and sworn before me this _____ day of _____, 20____.

Notary Public: _____

My Commission Expires: _____