

# SUBCONTRACTOR PRE-QUALIFICATION STATEMENT



## GENERAL INFORMATION AND CORPORATE HISTORY

Legal Name Of Business \_\_\_\_\_

Physical Address \_\_\_\_\_

Mailing Address (If Different Than Above) \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Contact Name \_\_\_\_\_

Email \_\_\_\_\_

Title \_\_\_\_\_

Web Address \_\_\_\_\_

Corporation  Partnership  Individual  Sole Proprietorship  Joint Venture  Other \_\_\_\_\_

If Incorporated, State Of  
Incorporation \_\_\_\_\_

Stock Holders Equity \_\_\_\_\_

Federal ID# \_\_\_\_\_

Years In Business Under Current Name \_\_\_\_\_

Date Company Began Under Present Name \_\_\_\_\_

Have you done business under a different  
name? If so, what was that name? \_\_\_\_\_

Average Number of Staff Employed By Firm:

	Office	Field	Total
Last Year			
Previous Year			

## FINANCIAL CRITERIA

Annual Sales for Last Three Years

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## INSURANCE INFORMATION

Please provide a letter from your agent or an actual Certificate of Liability Insurance, which provides your current coverages and limits.

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## SAFETY

Furnish a letter from your insurance carrier or State Fund verifying the following Worker's Compensation Experience Modification Rating (EMR) data.

**2007** EMR \_\_\_\_\_%

**2006** EMR \_\_\_\_\_%

**2005** EMR \_\_\_\_\_%

Last Year's (2007) total number of OSHA Recordable Injury and Illness Types from OSHA 300 Log \_\_\_\_\_

Total hours worked by all employees last year \_\_\_\_\_

### Number of Cases

Total number of deaths \*\*\*\* \_\_\_\_\_

Total number of cases with days away from work \_\_\_\_\_

Total number of cases with job transfer or restriction \_\_\_\_\_

Total number of other recordable cases \_\_\_\_\_

### Number of Days

Total number of days of job transfer or restriction \_\_\_\_\_

Total number of days away from work \_\_\_\_\_

Standard Industrial Classification (SIC), if known (e.g., SIC 3715) \_\_\_\_\_

Does your firm have a written Safety Program?  Yes  No

If yes, is a copy available?  Yes  No

Does your firm have a safety officer/department?  Yes  No

If yes, provide name and title \_\_\_\_\_

Does your firm hold weekly 5-minute safety talks?  Yes  No

Does your firm provide foreman safety training?  Yes  No

If yes, at what frequency is the training? \_\_\_\_\_

Does your firm conduct safety inspections?  Yes  No

If yes, how often is this inspection conducted? \_\_\_\_\_

If yes, who conducts this inspection (provide name and title)? \_\_\_\_\_

Does your firm give orientation/safety instruction to new hires?  Yes  No

In the past three years, has your firm been cited by State of Federal OSHA for any willful violations? \*\*\*\*  Yes  No

### Attach log and summary of occupational injuries required by the U.S. Department of Labor Occupational Safety and Health Administration for the last twelve (12) months) OSHA's Form 300 & 300A

\*\*\*\* If yes, please list on a separate sheet the details of all such violations and submit it with this Subcontractor Pre-Qualification Statement.

## EXPERIENCE

List three (3) most significant projects presently under construction

Project Name	General Contractor	Architect	Contract Amount	Award Date

List three (3) most significant projects completed in the last five (5) years

Project Name	General Contractor	Architect	Contract Amount	Award Date

List three (3) significant references that we may contact.

Name	Address	City	State/Zip	Phone

I hereby certify that the answers to the foregoing questions and all documents contained herein are true and correct

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name Typed Or Printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title of Authorized Representative