## SUBCONTRACTOR | VENDOR QUALIFICATION (Completion of this prequalification form is required from all subcontractors/vendors on an annual basis)



## **GENERAL COMPANY INFORMATION:**

Legal Company Name:				
Street Address:	Mailing Address:	Mailing Address:		
City, State Zip:	City, State, Zip:			
Main Office Phone:	Main Office Fax:			
Contractor Registration No:	State Tax No (UBI):			
D/B/A:	Parent Company:			
Company Organization: Corporation Partnership	☐ Sole Propriet	tor		
Officers / Partners / Principals:	Title:	Years w/ Company		
·				
Date of Origination:	Other / Former Nar	Other / Former Names:		
M/W/D/B/E Certifications:	Certifying Agency(s	Certifying Agency(s):		
PRIMARY ESTIMATOR:	Email:			
Phone #:	Fax:			
RADE INFORMATION:				
RADE INFORMATION.		Self-Performed		
Scopes Bid:	CSI   Div	Subcontracted		
Scopes Bid:	CSI   Div	Self-Performed		
Scopes Biu.	CSI   DIV	Self-Performed		
Scopes Bid:	CSI   Div	Subcontracted		
Scopes Bid:	CSI   Div	Self-Performed  Subcontracted		
очерев вы	001  510	_		
Union Contractor: Yes				
Union:	Local No	Agreement Expires:		
Union:	Local No	Agreement Expires:		
Union:	Local No	Agreement Expires:		
ONDING / SURETY INFORMATION				
Surety Name:				
Bonding Agent Company / Contact Name:				
Mailing Address	City, State, Zip:			
Phone No:	Fax No:			
Payment & Performance Bond Capacity Per Job:	Payment & Perforn Capacity Aggregate	Payment & Performance Bond		
Bond Premium Rate:		Date of Last Bond Issued		

ner and/or General Contractor reference	es including contact name	and number		
OWN	IER   GENERAL CONTR	ACTOR REFERENC	ES	
OWNER / GENERAL CONTRACTOR	CONTACT NAME		CONTACT'S PHONE / EMAIL	
		<u> </u>		
rent projects with approximate contract a			a separate sheet as needed)	
	WORK IN PROGRES			
PROJECT	CONTRACT AMOUNT	PROJECTED COMPLETION	GENERAL CONTRACTOR	
jor projects completed in the last three ye	ears (attach a separate sh	neet as needed)		
	COMPLETED WOR			
PROJECT	FINAL CONTRACT SUM	COMPLETION DATE	GENERAL CONTRACTOR	

**TRADE REFERENCES** 

CONTACT NAME

List Trade references including contact name and number

MAJOR SUPPLIER / TIER SUB

CONTACT'S PHONE / EMAIL

2017:	2016:	2015:	2014	:	
	or any of its owners, officers en terminated on a contract or	-	•	Yes □ No	
If YES, explain:					
	r any of its owners, officers or r litigation or have any outstar		·	Yes □ No	
If YES, explain:					
Workers' Compens	ation Experience Modification	Rate ( <b>EMR</b> ) as of the	three most recent ye	ars:	
2017		2016		2015	
					<del></del>
OSHA 300 Infor					T
			2016	2015	2014
	Recordable Claims		2016	2015	2014
Total Number of	Recordable Claims  Lost Time Injuries		2016	2015	2014
Total Number of Total Number of	Recordable Claims  Lost Time Injuries  Employees		2016	2015	2014
Total Number of Total Number of Total Number of	Recordable Claims  Lost Time Injuries  Employees  Worker Hours		2016	2015	2014
Total Number of Total Number of	Recordable Claims  Lost Time Injuries  Employees  Worker Hours		2016	2015	2014
Total Number of Total Number of Total Number of Total Number of	Recordable Claims  Lost Time Injuries  Employees  Worker Hours		2016	2015 ☐ Yes	2014 □ No
Total Number of Are you a member	Recordable Claims  Lost Time Injuries  Employees  Worker Hours  Fatalities	ım?	2016		
Total Number of Are you a member Does your company	Recordable Claims  Lost Time Injuries  Employees  Worker Hours  Fatalities  of the AGC safety team?		2016	☐ Yes	□ No
Total Number of Are you a member Does your company	Recordable Claims  Lost Time Injuries  Employees  Worker Hours  Fatalities  of the AGC safety team?  y have a written safety progra	duty program?	2016	☐ Yes ☐ Yes	□ No □ No
Total Number of Are you a member Does your company Does your company Does your company	Recordable Claims  Lost Time Injuries  Employees  Worker Hours  Fatalities  of the AGC safety team?  y have a written safety progra	duty program? ouse / testing program?		☐ Yes ☐ Yes ☐ Yes	□ No □ No □ No
Total Number of Are you a member Does your company Does your company Does your company	Recordable Claims  Lost Time Injuries  Employees  Worker Hours  Fatalities  of the AGC safety team?  y have a written safety progra  y have a return to work / light  y have a written substance ab	duty program? ouse / testing program?		☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes☐ Yes	□ No □ No □ No □ No

## **INSURANCE**: Please indicate your current policy limits for each of the following coverage:

Description	Maximum \$ Limit	Carrier / Underwriter	Deductible / S.I.R.	Expiration Date
General Liability				
General Aggregate				
Each Occurrence				
Products – Completed Ops				
Personal & Advertising Injury				
Automobile Liability (Any Auto)				
Washington Stop Gap (ER Liability)				
Excess / Umbrella Liability				
Professional Liability				
Contractors Pollution Liability				
Does this policy specifically include coverage	ge for mold /fungi (microb	ial matter) related claims	☐ Yes ☐ No	
Does your policy's general aggregate lime.  Are defense costs excluded from the gere.  Please indicate your General Liability Policy.  Does your current General, Excess, Autoroname GLY and the Project Owner additional insureds shall apply as <b>Prima</b> .  If no, please indicate if this is available. If yes, please indicate the charge performance in the project of the project Owner and its project of the project Owner and its project of the project Owner and its project of the project of the project owner and its project of the project owner and its project of the project owner and its projec	neral aggregate limit?  licy form:  and Contractors Pollution as additional insured stry to any other insurance ple by endorsement for are named insured for this enterations coverage to additional insured for any other pleases.	Claims on Liability policies allow endors ipulating the insurance afforded carried by them? In additional fee. The endorsement, if any. In additional insureds? In additional charge.	ement ed the Ye Ye \$	es
ease indicate who the primary point of c	ontact for insurance rel	ated issues is within your firn	n	
Contact, Title:		Email:		
Phone:		Fax:		
ease provide the contact information of	your Insurance Agent / I	Broker		
Contact, Company:		Email:		

IMPORTANT: To complete the prequalification process the following documents must be submitted:

- 1. **SAMPLE CERTIFICATE OF INSURANCE** Evidencing all coverage stated above.
- 2. **SAMPLE ADDITIONAL INSURED ENDORSEMENT(s)** Demonstrating your policy's language as it applies to named additional insureds (i.e. primary, non-contributory, etc.) and completed operations.
- 3. **FINANCIAL STATEMENTS** Please attach your last 2 years' audited, compiled or reviewed financial statements to the end of this form **IF** you anticipate bidding work packages of values in excess of \$100,000.