

Pre-Qualification Form

General Info

Company Name: _____

Phone: _____ Fax: _____

Payment Address

Add'l Info: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Add'l Address: _____

Purchase Address

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Add'l Address: _____

Vendor Type

Regular: Supplier:

E-mail Address: _____

Internet Address: _____

Pre-Qualification Form

Additional Info

Organization Established: _____
Organization Type: _____
Incorporation Country: _____ State: _____
Date of Registration: _____ Federal Tax ID: _____
Office Type: _____

Parent Organization

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Add'l Address: _____

Other names / DBA: _____
Trade Associations: _____

Qualified:

Pre-Qualification Form

Headcount

Number of Employees

Present 3 Year Avg.

Executive Management: _____
Office Management/Staff: _____
Shop/Equip Mgmt/Staff: _____
Job Site Mgmt/Staff: _____
Trades People: _____

2 Year Turnover

Left Joined

Corporate Owners: _____
Key Managers: _____
PM's/Superintendents: _____

Union

Shop Type: _____

Pre-Qualification Form

Technology

Accounting/ Job Cost System

Name of Vendor: _____
First Installed: _____
Current Version: _____
Operating System: _____
Database: _____

Project Management System

Name of Vendor: _____
First Installed: _____
Current Version: _____
Operating System: _____
Database: _____

Project Scheduling System

Name of Vendor: _____
First Installed: _____
Current Version: _____
Operating System: _____
Database: _____

Job Site Connectivity: _____

Document Management System

Name of Vendor: _____
First Installed: _____
Current Version: _____
Operating System: _____
Database: _____

Pre-Qualification Form

Safety

Highest Ranking Safety Executive

Name: _____ Title: _____
Phone: _____ E-Mail Address: _____
Fax: _____
Certificates: _____

Documented Safety Meetings

Frequency - please circle one

<input type="checkbox"/> For New Hires:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual
<input type="checkbox"/> For Field Supervisors:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual
<input type="checkbox"/> For Employees:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual
<input type="checkbox"/> For Subs/Vendors:	Once	Daily	Weekly	Bi-Weekly	Monthly	Quarterly	Annual

Company Safety Programs/Policies

- A safety officer conducts safety inspections on all projects
- Have implemented 100% fall protection
- Can provide a site-specific program addressing fall hazards in your work
- New Employee safety training
- Employee Safety recognition program
- Disciplinary program for safety violations
- Accident/incident investigations
- Workplace sexual harassment training
- Affirmative action plan for employees
- Review the safety management system of subcontractors
- Require employees to be subject to project-specific substance abuse screening
- Written Safety program/policy
- Written disciplinary policy
- Annual safety goals
- Return to work/light duty program

Substance Abuse Screening

- Pre-Employment
- Random
- Periodic
- Post Accident
- Reasonable Suspicion

Pre-Qualification Form

OSHA

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

Pre-Qualification Form

OSHA

- Continued

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

Year:	_____	Fatalities:	_____
Total Staff Hours:	_____	ERM:	_____
Total Trade Hours:	_____	Vehicle Accidents:	_____
Lost Days Cases:	_____	Vehicle Accident Cost:	_____
Lost Days Rate:	_____	Total Liability Loss:	_____
Injury Rate:	_____	OSHA Violations:	_____
		Willful Violations:	_____

Pre-Qualification Form

Quality

Highest Ranking Quality Executive

Name: _____
Title: _____
Phone: _____
E-mail Address: _____
Fax: _____
Certifications: _____

Company Quality Programs/Policies

- Written quality policy
- Implemented a quality system
- Has LEED AP employees

of LEED Professionals: _____

- Company has experience with LEED projects

of LEED Projects: _____

Pre-Qualification Form

Projects

Largest Project Ever

\$ Value of Work: _____
Project Name: _____
Customer: _____
Your Scope of Work: _____
Year: _____

Largest Project Last Year

\$ Value of Work: _____
Project Name: _____
Customer: _____
Your Scope of Work: _____
Year: _____

Largest Project This Year

\$ Value of Work: _____
Project Name: _____
Customer: _____
Your Scope of Work: _____
Year: _____

Preferred Project Size

Indicate preferred project size (1-5) 1 being most preferred.

- | | | | |
|--------------------------|-----------------|--------------------------|---------------|
| <input type="checkbox"/> | Under \$50K | <input type="checkbox"/> | \$3M - \$6M |
| <input type="checkbox"/> | \$50K - \$100K | <input type="checkbox"/> | \$6M - \$10M |
| <input type="checkbox"/> | \$100K - \$200K | <input type="checkbox"/> | \$10M - \$15M |
| <input type="checkbox"/> | \$200K - \$500K | <input type="checkbox"/> | \$15M - \$25M |
| <input type="checkbox"/> | \$500K - \$1M | <input type="checkbox"/> | \$25M - \$50M |
| <input type="checkbox"/> | \$1M - \$3M | <input type="checkbox"/> | Over \$50M |

Pre-Qualification Form

Insurance

Insurance Agency

Agent/Broker: _____ Contact: _____
Agent Name: _____ E-mail: _____
Phone: _____ Years w/ Agent: _____
Fax: _____

Address

Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Add'l Address: _____

Workers Comp and Employers Liability

Carrier: _____ Policy Number: _____
Policy Form: _____ Policy Period: _____ to _____

	Current	Max Obtainable
Each Accident:	_____	_____
Disease Limit:	_____	_____
Disease/Employee:	_____	_____
Limit:	_____	_____

Professional Liability Insurance

Carrier: _____ Policy Period: _____ to _____
Policy Form: _____ Deductible: _____ Tail Yrs: _____
Policy Number: _____ Project Limit: _____ Prior Acts:

Pre-Qualification Form

Liability

<u>Commercial General Liability</u>		Current	Max Obtainable
Carrier: _____	General Aggregate: _____		
Policy Form: _____	Products Comp/Op: _____		
Policy Number: _____	Personal Adv/Injury: _____		
Policy Period: _____ to _____	Each Occurrence: _____		
# of Claims Made: _____	Medical Expense: _____		
Exclusion to standard CGL <input type="checkbox"/>	Fire Damage: _____		
	Deductible: _____		
	Per Project Limit <input type="checkbox"/>		

<u>Excess Liability</u>		Current	Max Obtainable
Carrier: _____	Aggregate: _____		
Policy Form: _____	Each Occurrence: _____		
Policy Number: _____			
Policy Period: _____ to _____			
Type: _____			
# of Claims Made: _____			

<u>Automotive Liability</u>		Current	Max Obtainable
Carrier: _____	Combined Limit: _____		
Policy Form: _____	Bodily Per Accident: _____		
Policy Number: _____	Bodily Per Injury: _____		
Policy Period: _____ to _____	Property Damage: _____		

Pre-Qualification Form

Financial

D & B Information

D&B Number: _____
D&B Rating: _____
D&B Pay Record: _____
Date of Rating: _____

Bank Information

Bank Name: _____
Branch: _____
Contact: _____
Phone: _____
Fax: _____
E-mail: _____
Years With Bank: _____
Line of Credit Total: _____
Line of Credit Avail: _____
Line of Credit Exp: _____

Financial Information

Revenue Year: _____
Revenue Amount: _____
Net Income: _____
Net Equity: _____
Working Capital: _____
Average Employees: _____
Expected Volume: _____
Expected # Projects: _____
Current Backlog: _____

Bank Address

Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Add'l Address: _____

Liquidated Damages

Have been assessed liquidated damages for late completion of a project (see notes for details).

Notes: _____

Pre-Qualification Form

CPA

CPA Firm Information

Firm Name: _____
Contact: _____
Phone: _____
Fax: _____
E-mail: _____
Years With CPA: _____

Financial Statements: Audited Reviewed Other

CPA Address

Address: _____
City: _____ State: _____ Zip: _____
Country: _____
Add'l Address: _____

Pre-Qualification Form

Bonding

Surety Company Information

Surety Name:	_____	Years with Surety:	_____
Surety Broker Name:	_____	Bonding Capacity:	_____
Contact:	_____	Capacity per Job:	_____
Phone:	_____	Last Bond Date:	_____
Fax:	_____	Last Bond Amount:	_____
E-mail:	_____	Last Bond Rate:	_____

Surety Company Address

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

Add'l Address: _____

Additional Bond Information

Surety had to finish project(s) - See notes for dates/details

Explanatory Notes:

Indemnity agreement requires personal guarantee

Pre-Qualification Form

Ownership

Name	Role	Birth Year	Ownership %
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Pre-Qualification Form

Contacts

Bid Contact:	<input type="checkbox"/>	Role Years:	_____
Contact Type Code:	_____	Phone:	_____
Contact Type Desc:	_____	Cell:	_____
Name:	_____	Fax:	_____
Title:	_____	E-mail:	_____
Company Years:	_____		
Preferred Method:	_____		

Bid Contact:	<input type="checkbox"/>	Role Years:	_____
Contact Type Code:	_____	Phone:	_____
Contact Type Desc:	_____	Cell:	_____
Name:	_____	Fax:	_____
Title:	_____	E-mail:	_____
Company Years:	_____		
Preferred Method:	_____		

Bid Contact:	<input type="checkbox"/>	Role Years:	_____
Contact Type Code:	_____	Phone:	_____
Contact Type Desc:	_____	Cell:	_____
Name:	_____	Fax:	_____
Title:	_____	E-mail:	_____
Company Years:	_____		
Preferred Method:	_____		

Bid Contact:	<input type="checkbox"/>	Role Years:	_____
Contact Type Code:	_____	Phone:	_____
Contact Type Desc:	_____	Cell:	_____
Name:	_____	Fax:	_____
Title:	_____	E-mail:	_____
Company Years:	_____		
Preferred Method:	_____		

Pre-Qualification Form

Contacts

Bid Contact:	<input type="checkbox"/>	Role Years:	_____
Contact Type Code:	_____	Phone:	_____
Contact Type Desc:	_____	Cell:	_____
Name:	_____	Fax:	_____
Title:	_____	E-mail:	_____
Company Years:	_____		
Preferred Method:	_____		

Pre-Qualification Form

States

Country	State	License	Expiration	Sales Tax #	Unemployment Information #
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Pre-Qualification Form

Scope /Phase

Scope Code: _____

Scope Code Desc: _____

Phase Code: _____

Phase Code Desc: _____

Self Performed:

Prior Work % _____ Planned Work % _____

No Prior Work:

Scope Code: _____

Scope Code Desc: _____

Phase Code: _____

Phase Code Desc: _____

Self Performed:

Prior Work % _____ Planned Work % _____

No Prior Work:

Scope Code: _____

Scope Code Desc: _____

Phase Code: _____

Phase Code Desc: _____

Self Performed:

Prior Work % _____ Planned Work % _____

No Prior Work:

Scope Code: _____

Scope Code Desc: _____

Phase Code: _____

Phase Code Desc: _____

Self Performed:

Prior Work % _____ Planned Work % _____

No Prior Work:

Pre-Qualification Form

Scope /Phase

- Continued

Scope Code:

Scope Code Desc:

Phase Code:

Phase Code Desc:

Self Performed:

Prior Work %

Planned Work %

No Prior Work:

Pre-Qualification Form

Regions

Region Code	Region Desc	Prior Work %	Planned Work %	No Prior Work
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Pre-Qualification Form

Project Types

Project Type Code	Project Type Description	Prior Work %	Planned Work %	No Prior Work
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>

Pre-Qualification Form

Unions

Local Number	Name	Expiration
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Pre-Qualification Form

References

Reference Type Code: _____
Reference Type Desc: _____
Contact: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Country _____ Phone: _____
E-mail: _____ Fax: _____
Notes: _____

Reference Type Code: _____
Reference Type Desc: _____
Contact: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Country _____ Phone: _____
E-mail: _____ Fax: _____
Notes: _____

Reference Type Code: _____
Reference Type Desc: _____
Contact: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Country _____ Phone: _____
E-mail: _____ Fax: _____
Notes: _____

Pre-Qualification Form

References

- Continued

Reference Type Code: _____
Reference Type Desc: _____
Contact: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Country _____ Phone: _____
E-mail: _____ Fax: _____
Notes: _____

Reference Type Code: _____
Reference Type Desc: _____
Contact: _____
Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Country _____ Phone: _____
E-mail: _____ Fax: _____
Notes: _____

Pre-Qualification Form

Legal

- Has your company or any if its principals ever petitioned for bankruptcy, failed in business, defaulted, or been terminated on a contract awarded? If yes, check here and enter explanatory notes.

- Have any of the owners, officers, or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct? If yes, check here and enter explanatory notes.

- Has your company or any of the owners, officers, or major stockholders ever been suspended, disbarred, or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency? If yes, check here and enter explanatory notes.

- Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations? If yes, check here and enter explanatory notes.

- Is your company or any of the owners, officers, or major stockholders involved in any arbitration or litigation? If yes, check here and enter explanatory notes.

- Does your company have any outstanding judgements or claims against it? If yes, check here and enter explanatory notes.

- Has your company or any of the owners, officers, or major stockholders ever been investigated for, or charged with, alleged labor law violations including alleged violations of Immigration Control and Reform Act; state or local laws regarding employment of immigrants; prevailing wage laws; wage and hour laws or other federal, local, or state labor laws? If yes, check here and enter explanatory notes.

Pre-Qualification Form

Certificates

Certificate Type: _____
Description: _____
Certificate: _____
Agency: _____
Expiration Date: _____

Certificate Type: _____
Description: _____
Certificate: _____
Agency: _____
Expiration Date: _____

Certificate Type: _____
Description: _____
Certificate: _____
Agency: _____
Expiration Date: _____

Certificate Type: _____
Description: _____
Certificate: _____
Agency: _____
Expiration Date: _____

Certificate Type: _____
Description: _____
Certificate: _____
Agency: _____
Expiration Date: _____

Pre-Qualification Form

Notes

Pre-Qualification Form

Signature Page

We have attempted to answer all questions in a 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 [N/A] will be relying on the accuracy of the information and our responses in this questionnaire in deciding whether to permit us to bid and to award work to our Company.

Name of Company: _____

Completed By: _____

Title: _____

Date: _____