

BATTLE CREEK

CONSTRUCTION

A Limited Liability Company

SUBCONTRACTOR PRE-QUALIFICATION FORM

Date:

Company Legal Name:

Business Organized as (indicate which): Corporation Partnership Proprietorship

Address:

City, State, ZIP:

Phone:

Contact Name & Title:

Contact Phone Number:

E-mail Address:

Years in Business: # of Employees: Field: Office:

States & Regions Served by this Office:

Parent Company Headquarters: (City, State)

REFERENCES

Please list three (3) of your most recent jobs completed, supply the name of your Project Manager or Superintendent that led your company's work, and list the Owner's name with current contact information.

Name of Project/Location	Contract \$\$	PM/Superintendent	Owner	Phone Number
1.				
2.				
3.				

Project currently underway: (Location & Owner Contact Information)

Name of Bank:

Contact Person: Phone Number:

No. 1 Used Vendor: (Name, Phone Number):

No. 2 Used Vendor: (Name, Phone Number):

CERTIFICATIONS

Please check all boxes that apply: WBE MBE SBE 8(a) Other:

SCOPE OF WORK

Please indicate all scopes of work that your company provides:

REVENUE

Please provide revenue for the prior three (3) years: (Revenue/Year)

No. 1:

No. 2:

No. 3:

SAFETY

Please provide the Experience Modification Rate (EMR) for your company for the most recent three (3) years: (Please use your OSHA 200 logs to complete this section)

Last year (Rate/Year):

Two years ago (Rate/Year):

Three years ago (Rate/Year):

Do you have a safety program?

Has your company or any of its affiliates experienced a fatality? If Yes, please provide the following information:

Date:

Project Name & Location:

Brief description of incident/cause (if applicable):

What corrective action has your company taken to prevent future incidents of this nature?

GENERAL

Have you ever been involved in a lawsuit? If so, please provide a list of all suits in which you were a party within the last five (5) years.

Has the company filed for bankruptcy or had an involuntary petition for bankruptcy filed against the company or its affiliates or has the company otherwise sought relief from creditors under any similar lawsuits? If yes, please explain:

Is your company bonded?

Bond rate %

Who is your bonding company?

Contact person:

Total bond capacity:

Capacity currently available:

What is your experience working on Prevailing Wage jobs?

Subcontractor agrees that all information provided is correct.

Name and Title of person that completed the form:

Signature:

Date:
