



SUBCONTRACTOR / VENDOR PREQUALIFICATION STATEMENT 1 of 8

COMPANY NAME _____ DATE OF RESPONSE _____

YOUR FIRM'S TYPE OF WORK _____

STATE OF INCORPORATION _____ DATE OF INCORPORATION _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ FAX NUMBER _____

CORPORATE OFFICERS & MAIN CONTACTS	TITLE	PHONE#	CELL#	FAX#

M/W/SBE CERTIFICATIONS	M/W/SBE DESCRIPTION	CERTIFYING AGENCY

EMPLOYMENT INFORMATION

	HOME OFFICE	FIELD SUPERVISORY	TRADES PEOPLE	TOTAL
CURRENT				
3 YEAR AVG.				

TRADE / LABOR INFORMATION

UNION INFORMATION					
LOCAL #	UNION NAME	PHONE	UNION CONTACT	UNION BOND VALUE	AGREEMENT EXPIRATION

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SAFETY INFORMATION

CURRENT EMR RATES		
STATE	YEAR	RATE
	2012	
	2011	
	2010	

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 COMPANY HAD THIS YEAR	IF VIOLATIONS PROVIDE DESCRIPTION	RECORDABLE INCIDENCE RATE	LOST WORKDAY INCIDENCE RATE

SAFETY QUESTIONNAIRE			
QUESTION	YES	NO	COMMENTS
Does your company have a qualified person solely responsible for safety? If yes, attach resume or description of qualifications.			
Does this person perform safety inspections on all of your projects? How often?			
Does your company have a written Company Safety Policy and Program? Will you provide copies if requested?			
Does your company have a drug testing policy? If so, check which are included: PreEmployment <input type="checkbox"/> Random <input type="checkbox"/> Cause <input type="checkbox"/> Periodic <input type="checkbox"/> Post Accident/Incident <input type="checkbox"/>			
Will your company comply with our return to work program (where applicable)?			
Does your company require 100% fall protection from a height greater than 6ft?			
If requested, will you provide a site specific fall protection plan addressing the specific hazards related to your work at any site?			
Does your company require documented safety meetings for the employees? If so, check which apply and state how often: General Labor <input type="checkbox"/> Field Supervisors <input type="checkbox"/> New Hires <input type="checkbox"/> Subcontractors/Vendors <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 THE PAST THREE YEARS

	AMOUNT	YEAR
PROJECT NAME		
SCOPE		

ANNUAL VOLUME OF WORK PERFORMED IN THE PAST FIVE YEARS

YEAR	AVERAGE VOLUME	\$
YEAR	AVERAGE VOLUME	\$
YEAR	AVERAGE VOLUME	\$
YEAR	AVERAGE VOLUME	\$
YEAR	AVERAGE VOLUME	\$

PERCENTAGE OF WORK USUALLY SUBCONTRACTED _____ %

ALL BUILDING TYPES YOUR COMPANY HAS WORKED ON:

COMMERCIAL	<input type="checkbox"/>	DESIGN/BUILD DESIGN ASSIST	<input type="checkbox"/>
HOTELS/MOTELS	<input type="checkbox"/>	INTERIOR FIT-OUT	<input type="checkbox"/>
HEALTHCARE	<input type="checkbox"/>	SPORTS/ENTERTAINMENT	<input type="checkbox"/>
RESIDENTIAL	<input type="checkbox"/>		

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 so, 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 so, attach statement)

3. Has your company ever been disbarred or precluded from pursuing public work, or ever been found to be non-responsive by a public agency?

YES NO (If so, attach statement)

4. Is your company or any of its owners, officers or major stockholders currently involved in any arbitration or litigation?

YES NO (If so, attach statement)

5. Does your company have any outstanding judgements or claims against it?

YES NO (If so, 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 _____

*Attach 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

* Feel free to 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 and worker's comp risk ID number.

INSURANCE BROKER CONTACT INFORMATION

COMPANY NAME _____

CITY _____ STATE _____

CONTACT NAME _____ PHONE _____ FAX _____

MOBILE _____ EMAIL _____

COMMERCIAL GENERAL LIABILITY INFORMATION

INSURANCE CARRIER _____

	CURRENT
GENERAL AGGREGATE	\$
PRODUCTS-COMPLETED OPS AGGREGATE	\$
PERSONAL/ADV. INJURY	\$
PER OCCURENCE	\$
FIRE DAMAGE (ANY ONE FIRE)	\$
MEDICAL EXPENSES (ANY ONE PERSON)	\$
DEDUCTIBLE AMOUNT	\$

EXCESS LIABILITY INFORMATION

EXCESS LIABILITY INSURANCE CARRIER _____

TOTAL LIMIT \$ _____

WORKER'S COMPENSATION AND EMPLOYER'S LIABILITY INFORMATION

INSURANCE CARRIER _____ WORKER'S COMP RISK ID# _____

LIMITS \$ _____

EMPLOYER'S LIABILITY EACH ACCIDENT \$ _____

EMPLOYER'S LIABILITY DISEASE-POLICY LIMIT \$ _____

EMPLOYER'S LIABILITY DISEASE EACH EMPLOYEE \$ _____

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INSURANCE INFORMATION

AUTOMOBILE LIABILITY INFORMATION

AUTO INSURANCE CARRIER

	CURRENT
COMBINED SINGLE LIMIT	\$
BODILY INJURY (PER PERSON)	\$
BODILY INJURY (PER ACCIDENT)	\$
PROPERTY DAMAGE	\$

PROFESSIONAL LIABILITY INSURANCE INFORMATION

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, reviewed or compiled financial statement (Your financial statement is strictly for Petretti & Associates use and is 100% confidential)
2. A complete list of current projects stating name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion. (include contact people and numbers)

We have attempted to answer all the 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 Petretti & Associates will be relying on the accuracy of the information provided and that our responses to these questions in deciding whether to permit us to bid and in awarding work to our company.

DATE

COMPANY NAME

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

COMMISSION EXPIRES