



Subcontractor Pre-Qualification Form

Please complete the form below and email (form and attachments) to jschneider@pre-engr.com or fax to (480)829-6016. Please note that this is a preliminary prequalification and additional information may be requested by the owner or type of work requested.

COMPANY INFORMATION

Company Legal Name _____ Website _____

Subsidiaries and Divisions _____ Phone _____

Street Address _____ Fax _____

City _____ State _____ Zip Code _____ Federal Employer ID# _____

Description of trade/product provided: (attach completed CSI Code/Specialty listing) _____ Contractor License # _____
Union: Yes No

Company Type: Corporation Partnership LLC
 Sole Proprietor Wholly-Owned Subsidiary Joint Venture
Name of Union (if yes) _____
Year Founded _____

Parent Company Name (if applicable) _____ Average No. of Employees _____

Estimating Contact _____ Title _____

email address _____ Telephone No. _____ Cell Phone No. _____

Officers and Owners (list all officers and owners with greater than 10% ownership):

Name	Title	% Ownership
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has your firm gone through an ownership change in the past 12 months?: Yes No

COMPANY INFORMATION (CONTINUED)

List the geographical areas in which you work:

Preferred Project Size:

- \$10k - \$250k
- \$250k - \$500k
- \$1M
- \$2M
- \$5M+

Minority Business:

- MBE
- WBE
- DBE
- SBE
- Other: _____

Contractors Licenses and States:

State	License No.
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Certifying Agency
(please attach copies of all certifications)

Primary Points of Contact

Department	Name	email	Phone
Accounting	_____	_____	_____
Warranty	_____	_____	_____
Safety	_____	_____	_____

SAFETY INFORMATION

Provide your Worker's Compensation Experience Modification Rating (EMR) for the last 3 years:

2014	2013	2012

In the last 5 years, has your firm been sited by OSHA for a serious violation? (if yes, please explain): Yes No

Please provide a copy of your OSHA 300 Log for the last 3 years

- Do you have corporate safety goals and objectives? Yes No
- Do you have a written safety manual? Yes No
- Do you hold safety meetings? If yes, how often? Yes No _____
- Does your company have a Drug Free Workplace program? Yes No

FINANCIAL INFORMATION

Provide your revenues for the last 3 years:

2014	2013	2012

Dun & Bradstreet # _____

Provide your ending backlog for the last 3 years:

2014	2013	2012

Name of Primary Bank and Contact

Telephone No.

Auditor/Accountant's Name and Firm

Telephone No.

Surety/Broker Agent Name

Telephone No.

Describe all lawsuits and judgements against your company in the last 2 years:

Have any of your principals or officers ever filed for bankruptcy either personally or for a business they were associated with? (if yes, please explain):

Yes No

Has your company ever defaulted or failed to complete a contract? (if yes, please explain):

Yes No

Has your company ever been terminated from a contract? (if yes, please explain):

Yes No

Has your company ever had your license revoked or suspended? (if yes, please explain):

Yes No

INSURANCE INFORMATION

Attach your Insurance Certificate(s) evidencing insurance currently maintained, including evidence of Workers' Compensation coverage. Include A.M. Best Rating (or equivalent) and deductibles/self-insured retentions.

Insurance Broker Name

PROJECT HISTORY / REFERENCES

Attach a list of 5 significant projects within the last 3 years to include volume, scope of work and contract amount.

Attach a your project list for the last 12 months.

Customer References

1. Company Name _____ Telephone No. _____

_____ Contact Name / Title _____ Email _____

2. Company Name _____ Telephone No. _____

_____ Contact Name / Title _____ Email _____

3. Company Name _____ Telephone No. _____

_____ Contact Name / Title _____ Email _____

Credit References

1. Company Name _____ Telephone No. _____

_____ Contact Name / Title _____ Email _____

2. Company Name _____ Telephone No. _____

_____ Contact Name / Title _____ Email _____

3. Company Name _____ Telephone No. _____

_____ Contact Name / Title _____ Email _____

ADDITIONAL INFORMATION

Provide additional information or documentation that you feel would be important for us to review during our prequalification process:

SIGNATURE

Signature

Name

Title

Date

PREMIER USE ONLY

Reviewed By:

Date

Approve? Yes No

Include all of the following attachments:

- M/W/DBE Certifications
- OSHA 300 Log for Last 3 Years
- Sample Insurance Certificate
- Significant Project List
- Current Project List for last 12 months
- Form W-9
- CSI Code/Specialty Listing