



# Subcontractor Prequalification Form

## 1. GENERAL INFORMATION

Name of Business \_\_\_\_\_

Street Address \_\_\_\_\_

Post Office Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_ Person To Contact \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Date Founded \_\_\_\_\_ State of Formation \_\_\_\_\_

Federal Employer Identification Number \_\_\_\_\_

To aid in Interior Experts Small Business Participation Reporting, please indicate if your Company is a registered small or disadvantaged business by listing your classification:

Please list the type(s) of work you are interested in bidding:

Please list the geographical areas in which you work:

## 2. WORK EXPERIENCE

Please list 5 major projects your firm currently has in progress below:

| Project Name | Location | Contract Amount | % Completed | Scheduled Completion Date |
|--------------|----------|-----------------|-------------|---------------------------|
|              |          |                 |             |                           |
|              |          |                 |             |                           |
|              |          |                 |             |                           |
|              |          |                 |             |                           |
|              |          |                 |             |                           |



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Has your firm ever failed to complete any work awarded or filed for bankruptcy?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

Are there any judgments, claims, arbitrations, proceedings or suits pending or outstanding against your firm or its officers or principals?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

Has your firm filed any lawsuits or requested arbitration or mediation with regard to construction contracts within the last three years?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

Have any of the owners, officers or major stockholders of your Company ever been indicted or convicted of any felony or other criminal conduct?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:

Has your firm ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive to a public agency?

No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please explain:



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**3. FINANCIAL INFORMATION**

Please include a copy of your last Audited Financial Statement (required for subcontracts greater than \$500,000) or fill out the information in full below:

Name of your Bank : \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Line of credit Amount: \$ \_\_\_\_\_ Amount Available \$ \_\_\_\_\_

Expiration date: \_\_\_\_\_

What is your Company's Dunn & Bradstreet Number: \_\_\_\_\_

What is your average job size: \$ \_\_\_\_\_ Largest job to date: \$ \_\_\_\_\_

What is your backlog: (i) as of the last financial statement: \$ \_\_\_\_\_

(ii) as of today: \$ \_\_\_\_\_

(iii) as of 12 months ago: \$ \_\_\_\_\_

Annual Revenue: \$ \_\_\_\_\_ Year \_\_\_\_\_ Amount \$ \_\_\_\_\_

List two of your major suppliers:

A. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

B. Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Contact Person: \_\_\_\_\_

**4. SAFETY**

Do you have a qualified person responsible for safety within your Company:

No \_\_\_\_\_ Yes \_\_\_\_\_ if Yes, Please provide his/her name, phone number & email address:

Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail: \_\_\_\_\_



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How many OSHA violation(s) has your Company received in the last three years?

2020 = \_\_\_\_\_ 2021 = \_\_\_\_\_ 2022 = \_\_\_\_\_

Please give a brief description of the citation:

What were your general liability (CGL) loses for the last 3 years:

2020 = \_\_\_\_\_ 2021 = \_\_\_\_\_ 2022 = \_\_\_\_\_

**Please provide a letter from your insurance carrier stating your Company’s Workers’ Compensation Experience Modification Rate (EMR) for the most recent three years.**

**5. BONDING AND INSURANCE**

Bonding Company: \_\_\_\_\_

Bonding Agent Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Bonding Capacity: Per Project \$ \_\_\_\_\_

Aggregate \$ \_\_\_\_\_ Bond Rate: % : \_\_\_\_\_ %

**6. ACKNOWLEDGEMENT/AUTHORIZATION FORM**

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading, by either expressing ourselves in a misleading or ambiguous manner or omitting information. We have also reviewed the Interior Experts General Builders Insurance Requirements and we agree to the terms and limits stated.

I, hereby, authorize Interior Experts General Builders to contact individuals and/or institutions, listed in the questionnaire to verify the information provided, if needed. I also authorize any individual and/or institution listed within this questionnaire to provide information to Interior Experts General Builders that is pertaining to the requested information.

Name of Company: \_\_\_\_\_

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY:**

Pre-Qualified Yes \_\_\_\_\_ No \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Safety: \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Financial: \_\_\_\_\_