

***SUBCONTRACTOR PREQUALIFICATION QUESTIONNAIRE***

**BASIC INFORMATION**

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

Trade(s): \_\_\_\_\_

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

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

Primary Contact Person: \_\_\_\_\_ Tax ID/SSN: \_\_\_\_\_

Type of Company:    Sole Proprietorship                  Corporation                  Partnership                  LLC

Date Company Formed: \_\_\_\_\_ Total Number of Employees: \_\_\_\_\_

Names & Titles of Principals of Company: \_\_\_\_\_

\_\_\_\_\_

Have you operated under any other name(s) in the past five years?    Yes                  No

If yes, provide name(s) & location(s): \_\_\_\_\_

**RELEVANT EXPERIENCE & PROJECT COMMITMENT**

Provide names, dates, contract values and contact info for similar and/or relevant projects that your company has completed. Attach additional pages as necessary. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Provide names of key personnel that will be assigned to this project. Indicate volume of other projects these individuals will be responsible for concurrent to this project: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FINANCIAL & INSURANCE INFORMATION**

Do you have a line of credit from any lending institution?    Yes                  No

If yes, provide details: \_\_\_\_\_

Lender's Name, Address, Officer's name, Phone Number: \_\_\_\_\_

\_\_\_\_\_

Do you have the ability to bond projects?    Yes                  No    Date of last bonded project: \_\_\_\_\_

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Single Project Limit: \_\_\_\_\_ Aggregate Limit: \_\_\_\_\_

Bonding Company Name & Address: \_\_\_\_\_

In-Place Volume per year for past five years: \_\_\_\_\_

Anticipated volume of work to occur simultaneously with this project: \_\_\_\_\_

State your typical insurance coverages, per occurrence and aggregate (as applicable), for General Liability, Automobile Liability, Umbrella/Excess Liability, and Workers Compensation/Employer's Liability.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**SAFETY RECORD**

In the past five years, has your company or any of its key personnel been investigated for or found to have committed any OSHA violations?    Yes                      No

If yes, provide details: \_\_\_\_\_

What is your current Workman's Compensation EMR rate: \_\_\_\_\_ (Please attach copy of current EMR)

Do you have a written employee safety policy & program?                      Yes                      No (please attach copy)

Are there any open or aggregate liability claims that would impair your ability to insure a project?  
Yes (attach & explain)                      No

**OTHER INFORMATION**

Has your company or any of its personnel been a party to a bankruptcy or reorganization proceeding?  
Yes    No    If Yes, provide date: \_\_\_\_\_

During the past five years, have any liens been filed against you by any of your subcontractors or suppliers?  
Yes    No    If Yes, provide details: \_\_\_\_\_

During the past five years, has your company been involved in any claims, arbitration, mediation, or litigation?    Yes    No    If Yes, provide details: \_\_\_\_\_

Have you ever failed to complete a contract, been defaulted, or had a contract terminated?  
Yes    No    If Yes, provide dates and details: \_\_\_\_\_

During the past five years, has your company or any of its principles been involved in any lawsuits arising from construction projects?                      Yes    No    If yes, provide details: \_\_\_\_\_

\_\_\_\_\_

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**REFERENCES** (Attach extra sheet if necessary)

**Current Projects:** (Include name of project, cope of work, contract amount, and completion date)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

**Trade References:** (List three of your subcontractors or suppliers; include name, contact, and phone)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

**Client References:** (List three clients; include name, contact, and phone)

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_

*The undersigned, on behalf of the Subcontractor, certifies that the information provided herein, including any attachments, is true and sufficiently complete so as not to be misleading.*

**Name (printed):** \_\_\_\_\_ **Signature:** \_\_\_\_\_

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

Please send completed prequalification questionnaire form to JF Scott Construction at [info@jfsc.com](mailto:info@jfsc.com)