

**ANNUAL SUBCONTRACTOR PREQUALIFICATION FORM**

**General Information**

Date Completed: \_\_\_\_\_

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

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Business Form: (Corp., LLC, Partnership, Joint Venture, etc.) \_\_\_\_\_

Year Founded: \_\_\_\_\_ State of Incorporation: \_\_\_\_\_

Former Company Names: (If any) \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_

State Unemployment: \_\_\_\_\_ State \_\_\_\_\_ State Unemployment ID # (SUI) \_\_\_\_\_

Contractor License Information: \_\_\_\_\_ State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

State Sales Tax ID#: \_\_\_\_\_ State \_\_\_\_\_ Sales Tax # \_\_\_\_\_

States Your Organization Is Qualified To Do Business In:  
 \_\_\_\_\_  
 \_\_\_\_\_

Have you worked for Marous Brothers Construction before  YES  NO. If yes, last project name:  
 \_\_\_\_\_

Main Office Contact Info:

<u>Name</u>	<u>Phone</u>	<u>Cell</u>	<u>Fax</u>	<u>Email</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Owner/Principal/Representative:

	<u>Name</u>	<u>Title</u>	<u>Email</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Work Performed by Company: (Describe below)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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Unions Your Company Is Signatory To: (List below)

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

Construction Volume: 2006 \$ \_\_\_\_\_ 2007 \$ \_\_\_\_\_  
2008 \$ \_\_\_\_\_

Largest Project in Last 5 Years:

<u>Name</u>	<u>Size</u>
_____	_____

Typical Project Size: \$ \_\_\_\_\_ to \$ \_\_\_\_\_

Current Back Log in \$: \_\_\_\_\_

Annual Work Capacity in \$: \_\_\_\_\_

% of Work Normally Subcontracted: \_\_\_\_\_

Traditional Market Segments: (i.e. Healthcare, Commercial, Residential, etc.) \_\_\_\_\_

Average # of Employees: Office \_\_\_\_\_  
 Field Management \_\_\_\_\_  
 Tradespeople \_\_\_\_\_  
 Total \_\_\_\_\_

Have You Ever Failed to Complete a Project: (If so, please explain below.)

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

**Supplier / Subcontractor References**

Major Supplier Contact Information for: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

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**Major Supplier Contact Information for:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Subcontractor Contact Information for:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

**Subcontractor Contact Information for:** \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Mobile: \_\_\_\_\_ Email: \_\_\_\_\_

### Legal Information

A. Is your firm a (Check any that apply)  DBE  MBE  FBE  SBE  EDGE  Section 3

B. Certifying Agency: \_\_\_\_\_

C. DBE / MBE / FBE / SBE Utilization

DBE	Utilization % _____	MBE	Utilization % _____
FBE	Utilization % _____	SBE	Utilization % _____

D. Is your firm in compliance with all EEO requirements?  YES  NO

E. Has your company ever been fined or penalized by the City of Cleveland or Developer/Owner for failure to meet City project compliance requirements?  YES  NO

F. Does the company have a designated Compliance Officer?  YES  NO

If yes, please provide their name: \_\_\_\_\_

G. 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

Explain: \_\_\_\_\_

H. Have any of the owners, officers, or major stockholders of your company ever been indicted or convicted of any felony or other criminal conduct?  YES  NO

Explain: \_\_\_\_\_

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- I. Has your company ever been disbarred or otherwise precluded from pursuing public work or ever been found to be non-responsive by a public agency?  YES  NO

Explain: \_\_\_\_\_  
\_\_\_\_\_

- J. Has your company ever had a claim made against it for improper, delayed, defective, or non-compliant work or failure to meet warranty obligations?  YES  NO

Explain: \_\_\_\_\_  
\_\_\_\_\_

- K. Is your company or any of its owners, officers, or major shareholders currently involved in any arbitration or litigation?  YES  NO

Explain: \_\_\_\_\_  
\_\_\_\_\_

- L. Does your company have any outstanding judgments or claims against it?  YES  NO

Explain: \_\_\_\_\_  
\_\_\_\_\_

- M. Please list any litigation brought against your company in the past 5 years asserting that you failed to make payments to anyone?

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

### Financial Information (Please provide current financial information as of the last quarter-end.)

Net Worth: \$ \_\_\_\_\_

Current Assets \$ \_\_\_\_\_

Total Assets \$ \_\_\_\_\_

Current Liabilities \$ \_\_\_\_\_

Total Liabilities \$ \_\_\_\_\_

Cash & Receivables \$ \_\_\_\_\_

Capital Equipment Value \$ \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Contact: \_\_\_\_\_

Line of Credit Amount: \_\_\_\_\_ Amount Available: \_\_\_\_\_ Expires: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Bonding Agency: \_\_\_\_\_

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

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Bonding Agent Phone #: \_\_\_\_\_

Surety Company: \_\_\_\_\_

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

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

Amount of Last Bond: \$ \_\_\_\_\_

Date of Last Bond: \_\_\_\_\_

Bond Rate: \_\_\_\_\_

Please list any persons who provide indemnification to your surety: \_\_\_\_\_

Are you able to provide a 100% payment and performance bond (if prequalification is project specific) for this project?  
 YES  NO

**Insurance Information** (Please complete or attach specimen insurance certificate covering all items.)

Broker/Company Name: \_\_\_\_\_

**Commercial General Liability Insurance Carrier:** \_\_\_\_\_

Policy Form: \_\_\_\_\_ Occurrence \_\_\_\_\_ Claims Made: \_\_\_\_\_ Tail Coverage: \_\_\_\_\_

Any exclusions from Standard CGL Policy:  YES  NO

Current Limits

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

General Aggregate: \_\_\_\_\_

Products – Comp/Op Aggregate: \_\_\_\_\_

Personal/Adv. Injury: \_\_\_\_\_

Each Occurrence: \_\_\_\_\_

Fire Damage (any one fire): \_\_\_\_\_

Medical Expense (any one person): \_\_\_\_\_

Deductible: \_\_\_\_\_

**Excess Liability Insurance Carrier:** \_\_\_\_\_

Policy Form: \_\_\_\_\_ Umbrella:  YES  NO If no, explain form: \_\_\_\_\_

Current Limits

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

General Aggregate: \_\_\_\_\_

Each Occurrence: \_\_\_\_\_

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**Workers Compensation & Employers Liability Insurance Carrier:** \_\_\_\_\_

Current Limits

E.L. Each Accident: \_\_\_\_\_

E.L. Disease – Policy Limit: \_\_\_\_\_

E.L. Disease Each Employee: \_\_\_\_\_

**Automobile Liability Insurance Carrier:** \_\_\_\_\_

Current Limits

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

Combined Single Limit: \_\_\_\_\_

Bodily Injury (per person): \_\_\_\_\_

Bodily Injury (per accident): \_\_\_\_\_

Property Damage: \_\_\_\_\_

Effective Dates: From \_\_\_\_\_ To \_\_\_\_\_

**Professional Liability Insurance Carrier:** \_\_\_\_\_

Office Policy Limit: \_\_\_\_\_ Deductible: \_\_\_\_\_

Project Specific Limit Available: \_\_\_\_\_

Extended Reporting Period (tail): \_\_\_\_\_

Prior Acts:  YES  NO \_\_\_\_\_

**Safety Information**

**OSHA 30 Certified Personnel (for assignment to the project):**

<u>Name</u>	<u>Phone</u>	<u>Email</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**OSHA 300 Information:**

Reporting Year: 2008

Number of Fatalities: \_\_\_\_\_ Description: \_\_\_\_\_

Number of OSHA Recordable Cases: \_\_\_\_\_ Number of Medical Treatment Cases: \_\_\_\_\_

Number of Lost Work Day and D.A.R.T. Cases: \_\_\_\_\_ Employee Hours Worked: \_\_\_\_\_

How many OSHA violations has this company received this year? \_\_\_\_\_ If violations were willful, please provide a description: \_\_\_\_\_

Recordable Incident Rate: \_\_\_\_\_ Lost Workday Incident Rate: \_\_\_\_\_

## ANNUAL SUBCONTRACTOR PREQUALIFICATION FORM

**OSHA 300 Information:**

Reporting Year: 2007

Number of Fatalities: \_\_\_\_\_ Description: \_\_\_\_\_

Number of OSHA Recordable Cases: \_\_\_\_\_ Number of Medical Treatment Cases: \_\_\_\_\_

Number of Lost Work Day and D.A.R.T. Cases: \_\_\_\_\_ Employee Hours Worked: \_\_\_\_\_

How many OSHA violations has this company received this year? \_\_\_\_\_ If violations were willful, please provide a description: \_\_\_\_\_

Recordable Incident Rate: \_\_\_\_\_ Lost Workday Incident Rate: \_\_\_\_\_

**Safety Questionnaire:**

Does your company have a qualified person responsible for safety within your company?  YES  NO

If yes, please describe his/her qualifications: \_\_\_\_\_

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

Does this person do safety inspections on all of your projects?  YES  NO Frequency: \_\_\_\_\_

Does your company have a written company safety policy and program?  YES  NO

If yes, will you provide copies if requested?  YES  NO

Does your company have a company-wide substance abuse policy?  YES  NO

Does the policy meet all Ohio BWC Drug Free Work Place Program requirements?  YES  NO

If yes, please check which are included in the policy:

- |  |                                 |
|--|---------------------------------|
| <input type="checkbox"/> Pre-hire/Initial Employment | <input type="checkbox"/> Cause  |
| <input type="checkbox"/> Post Accident/Incident      | <input type="checkbox"/> Random |
| <input type="checkbox"/> Periodic                    |                                 |

Does your company have a return to work/light duty program?  YES  NO

Has your company ever implemented 100% fall protection?  YES  NO

If requested can you provide us with a site-specific program addressing the fall hazards in your companies work?

YES  NO

Does your company require documented safety meetings for the employees? Indicate which and how often:

	Frequency
General Employees <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Field Supervisors <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
New Hires <input type="checkbox"/> YES <input type="checkbox"/> NO	_____
Subcontractors/Vendors <input type="checkbox"/> YES <input type="checkbox"/> NO	_____

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Does your company provide safety training for all employees?  YES  NO

If yes, describe training provided: \_\_\_\_\_

Does your company have home office representatives (not directly involved in the project) who will visit and audit the project for safety?  YES  NO

Does your company set annual training goals?  YES  NO

If yes, please list examples of training goals: \_\_\_\_\_

Does your company have a program recognizing your employees for safety performance excellence?

YES  NO

Does your company have a disciplinary program in place for safety violations?  YES  NO

Does your company review the safety management systems of your subcontractors?  YES  NO

Does your company conduct accident/incident investigations?  YES  NO

### Quality

Please describe your quality control program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Does your firm have L.E.E.D. Accredited Professionals on staff?  YES  NO If yes, how many? \_\_\_\_\_

### Attachments Required

1. Attach a list of current major projects giving name of project, address, owner, architect, general contractor, contract amount, scope of work, and scheduled completion. (Please include contact people and phone numbers.)
2. Attach a list of completed major projects giving name of project, address, owner, architect, general contractor, contract amount, and scope of work. (Please include contact people and phone numbers.)
3. Attach your latest, accountant prepared financial statement. If you do not wish to attach to this form, you may send via overnight mail, marked "Personal and Confidential" to Kevin Campany, Chief Financial Officer, at Marous Brothers Construction, 1702 Joseph Lloyd Parkway, Willoughby, OH 44094. All information will be held in the strictest of confidence.
4. Attach a copy of your most current 3 years of your Ohio Workers' Compensation Experience Modification Rate (EMR) ratings on your insurance carrier's letterhead.
5. Attach copies of your last 3 years of OSHA 300 forms.
6. If the attached financial statement is not for the identical company named above, explain the relationship and financial responsibility of the company whose financial statement is provided.

\_\_\_\_\_

\_\_\_\_\_

## ANNUAL SUBCONTRACTOR PREQUALIFICATION FORM

### Acknowledgement

I certify that all the statements herein are true and understand that any falsification or willful omission shall be sufficient cause for disqualification of project award consideration.

This prequalification form must be signed by a duly authorized representative of the company.

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name \_\_\_\_\_ Date: \_\_\_\_\_