



SUBCONTRACTOR PREQUALIFICATION FORM

Date Completed: _____

Company Name: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Fax: _____

Website address: _____

Type of Entity: Corporation S-Corporation LLC Partnership Sole Proprietor Other

Year Established: _____ Federal Tax ID: _____ State of Incorporation: _____

Is your firm (check all that apply) DBE MBE FBE SBE CSB Section 3
 EDGE Other: _____ Union Non-union

Work performed by company (describe briefly):

Average # of Employees: Office _____ Field Mgmt. _____ Tradespeople _____ Total _____

Construction Volume (last 3 full years): Year _____ \$ _____
Year _____ \$ _____
Year _____ \$ _____

Typical Project Size: \$ _____ to \$ _____

Bank Name: _____ Bank Contact: _____

Line of Credit Amount: \$ _____ Amount Available: \$ _____ Expires: _____

Owner/Officers:

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

Main Office Contact:

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

Main Safety Contact:

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



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Additional Information Required

1. Is your company able to provide a 100% payment and performance bond? Yes No

If yes, please attach a letter of certification from your surety or bonding agent indicating your **surety name and bonding limit per project and aggregate**. This letter must be dated within the last 6 months.

2. Insurance requirements: please provide a Certificate of Insurance marked "For Information Purposes Only" from your insurance agent indicating your current coverages and limits.

3. Attach your latest, accountant prepared Financial Statements or corporate tax return. This information provided will remain strictly confidential but is necessary for us to evaluate some key ratios and measures as part of the prequalification process.

4. Does your company meet all Ohio BWC Drug Free Work Place requirements? Yes No

5. Indicate your Workers Comp Experience Modification Rate (EMR) for the past three years

Year _____ Rate _____ Year _____ Rate _____ Year _____ Rate _____

Please attach a letter from your insurance carrier or state fund verifying the data provided. If the modification rate exceeds 1.0 for any given year, please provide a written explanation below:

6. Has OSHA cited your company for any violations during the last five (5) years? _____ If yes, please explain:

7. Indicate all lawsuits and / or judgments against your company in the last 3 years:

8. Attach a list of current major projects showing the name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion.

9. Attach a list of completed major projects showing the name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion.



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Acknowledgement

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

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

Signature: _____

Title: _____

Print Name: _____

Date: _____

*** Submitting an incomplete prequalification package will delay this review process and could impact any consideration of project award.*