



Dear Valued Subcontractor,

We appreciate your interest in working with our team and are committed to building strong, reliable partnerships that uphold the highest standards of quality, safety, and integrity.

To ensure alignment with our project requirements and company values, we ask that you complete the enclosed Subcontractor Prequalification Form. This process helps us assess your capabilities, compliance, and readiness to collaborate on current and future opportunities.

Please return the completed form along with any requested documentation directly to our Vice President of Administration, Ron Kolencik, at rkolencik@marousbrothers.com. All information provided will be treated with strict confidentiality and used solely for the purpose of evaluating your qualifications as a potential subcontractor.

Should you have any questions or need assistance during this process, feel free to contact our office at (440) 951-3904.

We look forward to learning more about your organization and the potential to work together.

Warm regards,

Ron Kolencik | VP of Administration

Office: 440.951.3904 | Direct: 440.391.5400

rkolencik@marousbrothers.com

SUBCONTRACTOR PREQUALIFICATION FORM

Date Completed: _____

Company Name: _____

Address: _____

City & State: _____ Zip Code: _____

Phone: _____ Fax: _____

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-unionWork 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: _____

Financial Information (From Balance Sheet)

Statement Date: _____

Statement Type: ☐ Internal ☐ Audited ☐ Reviewed ☐ Compiled ☐ Tax Return ☐ OtherAccounting Method: ☐ Accrual ☐ Cash

Cash: \$ _____

A/R (combined total): \$ _____

Total Current Assets: \$ _____

Total Current Liabilities: \$ _____

Total Liabilities: \$ _____

Equity: \$ _____

SUBCONTRACTOR PREQUALIFICATION FORM

Supporting Documentation 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 Balance Sheet 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. Attach a list of current major projects showing the name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion.
5. Attach a list of completed major projects showing the name of project, address, owner, general contractor, contract amount, scope of work and scheduled completion.

Additional Information

1. Does your company have an existing Drug-Free Workplace Policy? ☐ Yes ☐ No
2. 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:

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

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

SUBCONTRACTOR PREQUALIFICATION FORM**Contact Information**

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>
_____	_____	_____	_____

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: _____

To maintain confidentiality, please direct this form and all requested information to our VP of Administration, Ron Kolencik, at rkolencik@marousbrothers.com.

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