

SUBCONTRACTOR PREQUALIFICATION FORM



Project Information (REQUIRED)	
Project Name _____	
Project City _____	

COMPANY INFORMATION - <i>PROVIDE A COPY OF CONTRACTOR'S LICENSE</i>			
Company Name _____	Phone _____	Yrs in Bus _____	
Address _____	Contractor's License # _____	Union <input type="checkbox"/> Y <input type="checkbox"/> N	
City, State, Zip _____	Contractor's License Exp. _____	Classification _____	
Names the organization has operated under _____			
Geographic regions work is performed _____			
Last two years annual volume of work _____			

COMPANY CONTACTS				
	Name	Title	Email	Cell
Principal in Charge	_____	_____	_____	_____
Invitation to Bid	_____			
General Info	_____			

BONDING & INSURANCE - <i>PROVIDE A CURRENT CERTIFICATE OF INSURANCE (COI)</i>			
Bondable <input type="checkbox"/> Y <input type="checkbox"/> N	Company _____	Phone _____	
Rate _____	Contact _____	Email _____	
Capacity _____	Title _____		
General Liability Insurance		Excess/Umbrella Liability Insurance	
Per Occurance \$ _____	Aggregate \$ _____	Per Occurance \$ _____	Aggregate \$ _____
Auto Liability			
Combined \$ _____			
Workers Compensation			
Experience	Current Yr _____	Emp.Liab. Disease Limit \$ _____	
Modifier	Last Yr _____	Emp.Liab. Disease EA Emp \$ _____	
		Emp.Liab. Each Accident \$ _____	

SAFETY			
Does organization have a written drug test policy?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Does organization have a written safety program?	<input type="checkbox"/> Y <input type="checkbox"/> N		
Has organization received any OSHA inspections?	<input type="checkbox"/> Y <input type="checkbox"/> N	Citations <input type="checkbox"/> Y <input type="checkbox"/> N	OSHA Appeals? <input type="checkbox"/> Y <input type="checkbox"/> N

PROJECT INFORMATION			
Type of Projects	Private _____	Public _____	Prevailing Wage _____
Size of Job	<1M _____	1M to 2M _____	2M to 3M _____ Above 3M _____
Have all projects within the past five years been completed on schedule? <input type="checkbox"/> Y <input type="checkbox"/> N			
Are temporary service employees hired? <input type="checkbox"/> Y <input type="checkbox"/> N			

LITIGATION	
<input type="checkbox"/> Y <input type="checkbox"/> N	Are there any judgements, claims, arbitration proceeding or suit pending or outstanding against your organization?
<input type="checkbox"/> Y <input type="checkbox"/> N	Has organization filed any lawsuits/requested arbitration proceedings regarding construction contracts in the last five years?
If yes, please explain further	_____
<input type="checkbox"/> Y <input type="checkbox"/> N	Have any complaints been filed on your contractor's license?
If yes, please attach all filings, including status/outcome	_____

REFERENCES (provide 3)		
Company _____	Company _____	Company _____
Contact _____	Contact _____	Contact _____
Title _____	Title _____	Title _____
Phone _____	Phone _____	Phone _____
Email _____	Email _____	Email _____

ATTACHMENTS ***Must be included with your submission*** COPY of Contractor's Lic COPY of Current COI	SUBMISSION - send completed form and attachments to Subcontractor@IntegratedBG.com
	Name _____ Title _____
	Signature _____ Date _____