**SUBCONTRACTOR PRE-QUALIFICATION STATEMENT**

|  |  |  |  |
| --- | --- | --- | --- |
| Date: | Click or tap here to enter text. | Trade: | Click or tap here to enter text. |

**GENERAL INFORMATION**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name: | | | Click or tap here to enter text. | | | | | | |
| Address: | | | Click or tap here to enter text. | | | | | | |
| City: | enter text. | | | State: | enter text. | | | Zip Code: | enter text. |
| Telephone: | | enter text. | | | | Email: | enter text. | | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Owner: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |
| Main Contact: | Click or tap here to enter text. | Phone: | Click or tap here to enter text. |

|  |  |  |  |
| --- | --- | --- | --- |
| Business Start Date: | enter text. | Federal Tax ID #: | enter text. |

Contractor License(s)

|  |  |  |  |
| --- | --- | --- | --- |
| State: | enter text. | Number: | enter text. |
| State: | enter text. | Number: | enter text. |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Total # of Employees: | text | Office: | text | Field: | text | Other: | text |

|  |  |
| --- | --- |
| List Geographic Work Areas: | Click or tap here to enter text. |

**FINANCIAL INFORMATION**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank Reference: | | Click or tap here to enter text. | | |
| Contact: | Click or tap here to enter text. | | Phone: | Click or tap here to enter text. |

What was the annual volume of work completed in the last three (3) years?

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Year: | enter text. | Year: | enter text. | Year: | enter text. |
| Volume: | enter text. | Volume: | enter text. | Volume: | enter text. |

|  |  |  |
| --- | --- | --- |
| What is next year’s forecasted volume? | Click or tap here to enter text. | |
| If Requested will you be able to provide a financial statement? | | enter text. |

**INSURANCE INFORMATION**

What are your standard limits of Insurance Coverage?

|  |  |  |  |
| --- | --- | --- | --- |
| General Liability | enter text. | Insurance Co: | Click or tap here to enter text. |
| Broker: | enter text. |  |  |
| Limit: | enter text. |  |  |
| Umbrella | enter text. |  |  |
| Limit: | enter text. |  |  |
| Workers Compensation: | enter text. | Insurance Co: | Click or tap here to enter text. |
| Broker: | enter text. | Phone: | Click or tap here to enter text. |
| Limit: | enter text. |  |  |

Bonding Information (Please provide information for performance bond)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bonding Company: | enter text. | | Since: | enter text. |
| Surety Broker/Agent: | enter text. | | Since: | enter text. |
| Contact: | enter text. | | Phone: | enter text. |
| Bonding Capacity Per Project: | | enter text. | Aggregate: | enter text. |

A formal letter from your bonding company may be requested for additional information.

**LEGAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Are there any judgements, claims, arbitrations or proceedings or suits pending or outstanding against your firm or its officers or principles?

If yes, please attach an explanation

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

Has your company filed any lawsuits or requested arbitration or mediation with regards to construction contracts within the last three (3) years?

Has your company or any other organization, which your officers were involved, during the last three (3) years ever been in bankruptcy or a voluntary or involuntary reorganization?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please attach an explanation.

**SAFETY**

Has your firm had any OSHA citations, fines, or jobsite fatalities with the last three (3) years?

|  |  |  |  |
| --- | --- | --- | --- |
| Yes |  | No |  |

If yes, please attach an explanation of the incident and steps taken to prevent a recurrence

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Do you require your field employees to be OSHA 10 hour certified? | Yes |  | No |  |

**EXPERIENCE**

|  |  |
| --- | --- |
| What are your company’s areas of expertise? | Click or tap here to enter text. |
| Click or tap here to enter text. | |

List the five (5) largest jobs completed in the past two (2) yeas and a reference contact for each.

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| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | to enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | Click or tap here to enter text. | | | | | | |
| General Contractor: | | | Click or tap here to enter text. | | | Phone: | enter text. | |
| Contact: | | | Click or tap here to enter text. | | | Phone: | enter text. | |
| Start Date: | enter text | | | End Date: | enter text. | Contract Amt: $ | | enter text. |

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| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

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| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | Click or tap here to enter text. | | | Phone: | | Click or tap here to enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

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| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

List major project currently under construction.

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| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

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| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

Please list past project(s) similar to the current job you are qualifying for in size and scope:

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Project: | | Click or tap here to enter text. | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |
| Project: | |  | | | | | | | |
| General Contractor: | | | enter text. | | | Phone: | | enter text. | |
| Contact: | | | enter text. | | | Phone: | | enter text. | |
| Start Date: | enter text. | | | End Date: | enter text. | | Contract Amt: $ | | enter text. |

|  |  |
| --- | --- |
| What is the minimum size job your firm would like to perform? $ | enter text. |
| What is the maximum size job your firm would like to perform? $ | enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Have you ever failed to complete a project? | Yes: |  | No: |  |

Please provide any additional information relevant to your subcontractor qualifications

|  |
| --- |
| Click or tap here to enter text. |
| Click or tap here to enter text. |
| Click or tap here to enter text. |

**REFERENCES**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List three (3) General Contractor References | | | | | |  |  |  |  |  |
| Reference: | enter text. | Company: | enter text. | Phone: | enter text. | | | | | |
| Reference: | enter text. | Company: | enter text. | Phone: | enter text. | | | | | |
| Reference: | enter text. | Company: | enter text. | Phone: | enter text. | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| List three (3) Supplier References | | | | | |  |  |  |  |  |
| Reference: | enter text. | Company: | enter text. | Phone: | enter text. | | | | | |
| Reference: | enter text. | Company: | enter text. | Phone: | enter text. | | | | | |
| Reference: | enter text. | Company: | enter text. | Phone: | enter text. | | | | | |

|  |  |
| --- | --- |
|  | I certify all information provided in this form is complete and accurate to the best of my |
|  | knowledge. |

|  |  |  |  |
| --- | --- | --- | --- |
| Company Submitting: | Click or tap here to enter text. |  | |
| Submitted By: | Click or tap here to enter text. | Title: | enter text. | |
| Signature: |  | Date: | enter text. | |

When complete, please submit form to [Estimating@HaleyConstructionAZ.com](mailto:Estimating@HaleyConstructionAZ.com)