

SUBCONTRACTOR PREQUALIFICATION FORM

Please submit form by Fax to 618-526-7654 or by E-Mail to info@poettkerconstruction.com
 (Information on this form is considered confidential and will not be released to any other source)

Date Completed: _____

Name of Company: _____

Physical Address: _____

City, State & Zip Code: _____

Mailing Address: _____

City, State & Zip Code: _____

Business Phone: _____ Fax Number: _____

E-Mail: _____

Website: _____

Project Submitted For: _____
 (if none, list GENERAL)

1. ORGANIZATION

1.1 How many years has your organization been in business as a Contractor?
 _____ Years Date of Organization/Incorporation: _____

1.2 Has your organization operated under any other name(s)? No
 Yes, what name? _____ Number of Years: _____

1.3 How are you organized? Corporation Partnership
 Sole Partnership Proprietorship Other (explain) _____

1.4 If a Corporation, which State are you incorporated in? _____

1.5 What is your Federal Identification Number (FEIN#)? _____
 Please complete the attached W-9 form

1.6 What is your State Sales Tax Number? _____

1.7 What was the maximum number of employees for last year? _____

1.8 List of Officers/Partners/Owners (include all owners with more than 5% ownership):

Name:	Title:	Ownership %:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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1.9 Business Size: Small Large

Definition: A small business is a business that is classified as "small" under the guidelines set forth by the Small Business Administration. Business size is dependent on the NAICS code, the number of employees, and the annual sales of a given company. Please refer to www.sba.gov/size for more details.

1.10 Diversity:
Is your organization classified as any of the following? If applicable, indicate the agency from which your company has been certified. Please mark all that apply.

COPIES OF CERTIFICATION(S) ARE REQUIRED.

Diversity Classification	Small Bus.	Large Bus.	Certifying Agency & Certification Number (ex: CMS, NMSDC, IDOT, SBA)	Certificate Expiration
<input type="checkbox"/> Small Business Enterprise (SBE)	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Minority Owned Business (MBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> African American	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Asian American	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Pacific Asian American	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Subcontinent Asian American	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Hispanic American	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Native American	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Women Owned Business (WBE) Female Owned Business (FBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Economically Disadvant. Women Owned Small Bus. (EDWOSB)	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Veteran Owned Business (VOSB / VBE)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Service Disabled Veteran Owned Business (SDVOSB)	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> DBE (Disadvantaged Business Enterprise)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Small Disadvantaged Bus. (SDB)	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> Historically Underutilized Business (HUBZone)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> 8(a) Small Business	<input type="checkbox"/>		_____	_____
<input type="checkbox"/> LGBT (Lesbian, Gay, Bisexual, Transgender)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> DISABLED (Disabled Business Enterprise)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> ABILITYONE	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Alaskan Native Corporation Owned Firm (ANC)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

SUBCONTRACTOR PREQUALIFICATION FORM
2. LICENSES

2.1 List licenses and registration held by your organization:
 (Please attach a list of all states if there is not enough space below.)

Type of License:	State and/or County:	Number:
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____
9. _____	_____	_____
10. _____	_____	_____

2.2 Is your company pre-qualified to do work for any of the following?

- Federal
 State
 Municipal
 Other _____

2.3 Regions you are interested / willing to work in (select all that apply):

- U.S. National
 Midwest Region (IA, IL, IN, KS, OH, MI, MO, MN, NE, ND, SD, WI,)
 Northwest Region (CT, DC, DE, MA, MD, ME, NE, NJ, NY, PA, RI, VT)
 South Central Region (AR, LA, OK, TX)
 Southeast Region (AL, FL, GA, KY, MS, NC, SC, TN, VA, WV)
 Southwest Region (AZ, NM)
 West Coast Region (CA, CO, ID, MT, NV, OR, UT, WA, WY)
 Hawaii or Alaska

SUBCONTRACTOR PREQUALIFICATION FORM
3. SAFETY

3.1 List safety ratings for the past 4 years
(Please attach copies of EMR rating on letter from your insurance company and OSHA 300a summary for each year.)

Safety Rating	2019	2018	2017	2016
EMR (Experience Modification Ratio) Please include on a letter from your insurance company.				
TRIR (Total Recordable Incident Rate) Number of OSHA Recordable Cases X 200,000 / Number of employee labor hours worked.				
LTCR (Lost Time Case Rate) Number of Lost Time Cases X 200,000 / Number of employee labor hours worked				
DART (Days Away or Restricted Rate) Total Number of DART incidents X 200,000 / Number of employee labor hours worked				

3.2 Safety and Health Point of Contact

Contact Name: _____

Business Phone: _____

Cell Phone: _____

E-Mail: _____

3.3 Does your company have a Safety & Health Plan? Yes (include a copy) No

3.4 OSHA Citations: (If the answer to any of the questions below is yes, please attach details.)

3.4.1 Has your organization received any OSHA citations during the past 3 years?

Yes No

SUBCONTRACTOR PREQUALIFICATION FORM**4. EXPERIENCE**

4.1 What services does your company offer?

4.2 Do you employ union trade labor? Yes (Union) No (Non-Union)

If yes, what is the name of the union and the union number?

4.3 On a separate sheet, please list major construction projects your organization is currently working on, giving the name of the project, Owner, Architect, contract amount, percentage complete, the scheduled completion date, and percentage of the cost of the work performed with your own forces.

4.3.1 Total value of work in progress: \$ _____

4.3.2 Average Annual amount of construction work performed during the past five years:
\$ _____ per year

SUBCONTRACTOR PREQUALIFICATION FORM**5. CLIENT / GENERAL CONTRACTOR / TRADE CONTRACTOR REFERENCES**

Company #1 Name: _____
Address: _____
Contact Person: _____
Phone: _____
Fax: _____
E-Mail: _____

Company Type: Client / Project Owner
 General Contractor
 Trade Contractor

Company #2 Name: _____
Address: _____
Contact Person: _____
Phone: _____
Fax: _____
E-Mail: _____

Company Type: Client / Project Owner
 General Contractor
 Trade Contractor

Company #3 Name: _____
Address: _____
Contact Person: _____
Phone: _____
Fax: _____
E-Mail: _____

Company Type: Client / Project Owner
 General Contractor
 Trade Contractor

SUBCONTRACTOR PREQUALIFICATION FORM**6. BANK & SURETY INFORMATION**

Bank Reference

Name: _____
Address: _____
Contact Person: _____
Phone: _____
Fax: _____
E-Mail: _____
Credit Line: _____
Account Numbers: _____

Surety Reference

Name of Surety _____
Name of Agent: _____
Address: _____
Contact Person: _____
Phone: _____
Fax: _____
E-Mail: _____

Can you provide a Performance Bond? Yes No

Bond Line: \$ _____

7. FINANCIAL & INSURANCE

7.1 What are your approximate gross sales for last year? _____

7.2 Do you provide data to Dun & Bradstreet? Yes No

If yes, what is your DUNS #: _____

7.3 Please attach a Financial Statement, preferably audited, including your organization's latest Balance Sheet and Income Statement (Profit of Loss Statement).

7.4 Will the organization whose Financial Statement is attached act as guarantor of the contract for construction? Yes No

7.5 Please attach current Certificate of Liability Insurance

SUBCONTRACTOR PREQUALIFICATION FORM**8. LEGAL**

8.1 Have you ever filed for bankruptcy? Yes No

Reorganized What year? _____

8.2 Claims and Suits: (If the answer to any of the questions below is yes, please attach details.)

8.2.1 Has your organization ever failed to complete any work awarded to it?

Yes No

8.2.2 Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers?

Yes No

8.2.3 Has your organization filed any lawsuits or requested arbitration with regard to construction contracts within the last five years?

Yes No

9. ADDITIONAL INFORMATION

9.1 Is your business seasonal? Yes No

High Month: _____ Low Month: _____

9.2 Presently are you: Busy Slow

9.3 Is your payroll: Weekly Bi-Monthly Monthly

9.4 How far will you travel to do work? (Miles) _____

9.5 What is the approximate percentage of jobs bid which were awarded to your company within the past year? ____%

9.6 Do you provide written confirmation of bid figures? Yes No

9.7 Do you normally work by: Contract T&M Other _____

Principal's Signature: _____

Principal's Name: _____

Title: _____

Date: _____

SUBCONTRACTOR PREQUALIFICATION FORM

CHECKLIST OF REQUIRED ATTACHMENTS

<input type="checkbox"/>	W-9 Form
<input type="checkbox"/>	Diversity Certificates
<input type="checkbox"/>	List of State Licenses (if extra space is needed)
<input type="checkbox"/>	EMR Letter from Insurance Company including rates for past 3 years
<input type="checkbox"/>	OSHA 300a Summary for past 3 years
<input type="checkbox"/>	Subcontractor Safety & Health Plan
<input type="checkbox"/>	Details on OSHA Citations (if applicable)
<input type="checkbox"/>	Financial Statement, preferably audited, including your organization's latest Balance Sheet and Income Statement (Profit of Loss Statement).
<input type="checkbox"/>	Sample Certificate of Liability Insurance
<input type="checkbox"/>	Details of Claims & Suites (if applicable)

Please submit to Poettker Construction Company
 by Fax to 618-526-7564 or by E-Mail to info@poettkerconstruction.com

SUBCONTRACTOR PREQUALIFICATION FORM**CONSENT TO RELEASE OF FINANCIAL INFORMATION AND CREDIT CHECK**

The undersigned _____ FEIN/SSN: _____ hereby authorizes Poettker Construction Company to perform a credit check and to check bank references with respect to the undersigned. The undersigned authorizes any and all banks and financial institutions, including credit card companies to respond to all inquiries and provide any information deemed appropriate or necessary by Poettker Construction Company to enable it to perform a credit check and check of bank references and credit history with respect to the undersigned and to determine the credit-worthiness of the undersigned. The undersigned hereby authorizes any and all institutions to answer questions about their credit experience with the undersigned. The undersigned especially and specifically authorizes and releases the following institutions to provide any requested financial information concerning the undersigned:

Institution: _____

Account Number(s): _____

Officer: _____

Institution: _____

Account Number(s): _____

Officer: _____

Name: _____

Title: _____

Signed: _____

Date: _____