



SUBCONTRACTOR PREQUALIFICATION

GENERAL INFORMATION

Company Legal Name: _____

D/B/A: _____

Federal Tax ID: _____

Type of Company

- | | | |
|---|---|--|
| <input type="checkbox"/> Architect | <input type="checkbox"/> General Contractor | <input type="checkbox"/> Subcontractor |
| <input type="checkbox"/> Construction Manager | <input type="checkbox"/> Inspection Agency | <input type="checkbox"/> Vendor |
| <input type="checkbox"/> Consultant | <input type="checkbox"/> Owner | |

Main Construction Division

- | | | |
|---|--|--|
| <input type="checkbox"/> 01 General Requirements | <input type="checkbox"/> 07 Thermal/Moisture Protection | <input type="checkbox"/> 13 Special Construction |
| <input type="checkbox"/> 02 Site Construction | <input type="checkbox"/> 08 Doors and Windows | <input type="checkbox"/> 14 Conveying Systems |
| <input type="checkbox"/> 03 Concrete | <input type="checkbox"/> 09 Finishes | <input type="checkbox"/> 15 Mechanical |
| <input type="checkbox"/> 04 Masonry | <input type="checkbox"/> 10 Specialties | <input type="checkbox"/> 16 Electrical |
| <input type="checkbox"/> 05 Metals | <input type="checkbox"/> 11 Equipment | <input type="checkbox"/> 17 Internal Wiring Systems |
| <input type="checkbox"/> 06 Wood and Plastics | <input type="checkbox"/> 12 Furnishings | |

List Geographic Areas of Business Operations: _____

List Trades your company performs: _____

CONTACTS

Main Contact & Title: _____

Phone: (____) _____

E-Mail Address: _____

Fax: (____) _____

Safety Program Contact: _____

Phone: (____) _____

E-Mail Address: _____

Fax: (____) _____

ADDRESSES

Physical Address: _____

Mailing Address: _____

Website Address: _____

List other branch locations with phone/fax numbers:

Phone: () _____ Fax: () _____

Phone: () _____ Fax: () _____

Phone: () _____ Fax: () _____

List key operating personnel (Estimator, Project Manager, etc.):

Name Title

Name Title

Name Title

Name Title

Name Title

CERTIFICATIONS

List specific classifications/services your company is certified to provide: _____

Please indicate if your company is Minority Certified:

Type of certification: __WBE __MBE __DBE __VBE __SBE
 __Federal __State Other Classification _____

Classification Certified by: _____

County Public Schools Certified by: _____

If you checked any of the above Certifications, please attach copy of Certification Letter(s) to this form.

BONDING

Is your company bondable? Yes No

Bonding Company: _____

Bonding Contact: _____

Phone: (_____) _____

Bonding Capacity: _____

Fax: (_____) _____

Value of Work Presently Bonded: _____

Bonding Surety Best Rating: _____

Bonding Rate: _____

INSURANCE

When contracts for work are awarded by Wescon Corporation, Certificates of Insurance must be provided prior to commencement of work. Insurance is to be as specified within the project specifications or as listed below, whichever is greater.

Please attach a copy of your Insurance Certificate(s) indicating these minimum coverages

General Liability:

General Aggregate.....	\$ 2,000,000
Products Aggregate.....	\$ 2,000,000
Any One Occurrence.....	\$ 1,000,000
Personal Injury.....	\$ 1,000,000
Medical Payments.....	\$ 10,000
Umbrella.....	Equal to Subcontract Amount

Wescon Corporation is to be named as an **Additional Insured** on the General Liability Policy.

Worker's Compensation and Employer's Liability:

Bodily Injury Each Accident.....	\$ 100,000
Bodily Injury by Disease Each Employee...	\$ 100,000
Bodily Injury by Disease Policy Limit.....	\$ 500,000

Subcontractors using a Professional Employer Organization (PEO)/Employee Leasing Company must also maintain a "Minimum Premium Worker's Compensation Policy" listing your company as the Compensation Insured to cover any claims not covered under the Leased Employees Agreement. This policy is completely separate from the policy you have through your leasing company.

SUBCONTRACTORS that utilize LEASING COMPANIES for their Worker's Compensation must state the Full Legal Company Name (as identified within our Company Subcontract) on all certificates.

***** EXEMPTION Certificates are NOT acceptable per Company Policy *****

Automobile Liability:

Combined Single Limit (CSL).....	\$ 1,000,000
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In addition, Subcontractor must have "Hired and Non-Owned Auto" coverage to include any non-company owned vehicles.

Insurance Company: _____

Insurance Contact: _____

Phone: (_____) _____

Fax: (_____) _____

Is Insurance Certificate Attached? Yes No

Type of Business: __Corporation __LLC __Partnership __Sole Proprietorship

Years in Business: _____

No. of Employees: _____

Incorporation State: _____

Incorporation Date: _____

Dun & Bradstreet No. _____

Dun & Bradstreet Rating: _____

Does your company have any pending judgments, claims or suits against you? __Yes __No

Has your company ever failed to complete any Contract/Work awarded to you? __Yes __No

Has your company been involved in Bankruptcy or Reorganization? __Yes __No

If you answered "yes" to any of the above questions, please attach details to this form.

License Information:

Type _____ of _____ License _____ Held:

License No. _____

Issuing State: _____

Financial Information:

Attach a copy of an Audited or Certified Balance Sheet and Current Operating Statement for Corporations or Financial Statements and Guarantees of Principals in privately owned businesses. This Statement should contain current data and reflect the current financial condition of the firm.

Firm preparing Statements: _____

Balance Sheet/Statement Date: _____

Banking Information:

Bank Name: _____

Bank Address: _____

Account Representative: _____

Phone: () _____

Fax: () _____

Principals and/or Owners of Firm:

Name

Title

Name

Title

Name

Title

Name

Title

List any Subsidiary Companies:

Trade References:

List three (3) Trade/Creditor/Vendor References:

Reference #1:

Company Name: _____

Address: _____

Representative Name: _____

Phone: (____) _____ Fax: (____) _____

Reference #2:

Company Name: _____

Address: _____

Representative Name: _____

Phone: (____) _____ Fax: (____) _____

Reference #3:

Company Name: _____

Address: _____

Representative Name: _____

Phone: (____) _____ Fax: (____) _____

WORK / SAFETY HISTORY

Work:

Percent of work completed as a General Contractor: _____%

Percent of work completed as a Subcontractor: _____%

Maximum single contract value awarded to Company: \$ _____

Maximum single contract period: _____

Average Contract Amount: \$ _____

List the work your company usually subcontracts out: _____

In-House Engineering or Fabrication capability: _____ SF

Safety:

How many lost work days did your company have last year? _____

Average lost work days over the last three (3) years: _____

How many medical treatments did your company have last year? _____

Average number of medical treatments over the last three (3) years: _____

How many fatalities did your company have last year? _____

Average number of fatalities over the last three (3) years: _____

Worker's Compensation Modifier over the last three (3) years: _____

Does your company have a written Safety Program? Yes No

In the last three (3) years, has your company been cited for a Serious Violation (as defined by OSHA)?

Yes No *If yes, please attach details to this form.*

CONTRACT HISTORY

List three (3) General Contractors/Construction Managers for whom your company has completed work in the past two (2) years:

Contractor #1:

Company Name: _____

Address: _____

Representative Name: _____

Phone: () _____ Fax: () _____

Contractor #2:

Company Name: _____

Address: _____

Representative Name: _____

Phone: () _____ Fax: () _____

Contractor #3:

Company Name: _____

Address: _____

Representative Name: _____

Phone: () _____ Fax: () _____

List the three (3) most significant and similar projects completed in the last five (5) years (if applicable.)

Project #1:

Contractor Name: _____

Representative Name: _____

Project Name: _____

Project Address: _____

Architect Name: _____

Project Manager: _____

Project Superintendent: _____

Scope(s) of Work Completed: _____

Original Contract Amount: \$ _____ Final Contract Amount: \$ _____

Date Started: _____ Date Completed: _____

Project #2:

Contractor Name: _____

Representative Name: _____

Project Name: _____

Project Address: _____

Architect Name: _____

Project Manager: _____

Project Superintendent: _____

Scope(s) of Work Completed: _____

Original Contract Amount: \$ _____ Final Contract Amount: \$ _____

Date Started: _____ Date Completed: _____

List the three (3) most significant and similar projects completed in the last five (5) years: (continued)

Project #3:

Contractor Name: _____
 Representative Name: _____
 Project Name: _____
 Project Address: _____
 Architect Name: _____
 Project Manager: _____
 Project Superintendent: _____
 Scope(s) of Work Completed: _____

 Original Contract Amount: \$ _____ Final Contract Amount: \$ _____
 Date Started: _____ Date Completed: _____

List the three (3) most significant projects currently under construction:

Project #1:

Contractor Name: _____
 Representative Name: _____
 Project Name: _____
 Project Address: _____
 Architect Name: _____
 Project Manager: _____
 Project Superintendent: _____
 Scope(s) of Work Completed: _____

 Original Contract Amount: \$ _____ Final Contract Amount: \$ _____
 Date Started: _____ Date Completed: _____

Project #2:

Contractor Name: _____
 Representative Name: _____
 Project Name: _____
 Project Address: _____
 Architect Name: _____
 Project Manager: _____
 Project Superintendent: _____
 Scope(s) of Work Completed: _____

 Original Contract Amount: \$ _____ Final Contract Amount: \$ _____
 Date Started: _____ Date Completed: _____

Project #3:

Contractor Name: _____
 Representative Name: _____
 Project Name: _____
 Project Address: _____
 Architect Name: _____
 Project Manager: _____
 Project Superintendent: _____
 Scope(s) of Work Completed: _____

 Original Contract Amount: \$ _____ Final Contract Amount: \$ _____
 Date Started: _____ Date Completed: _____

EQUIPMENT

List major equipment owned by company:

<u>Description</u>	<u>Approximate Value</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____

ACKNOWLEDGMENT

This Subcontractor Qualifications form must be signed by an Officer of the company or an individual so authorized by an Officer of the company.

I hereby certify that the above information is true and complete to the best of my knowledge:

Signature

Date

Name (*printed*)

Title