

SUBCONTRACTOR PREQUALIFICATION FORM

SUBMIT COMPLETED FORM TO PREQUALIFICATION@BUCH.US.COM



DATE: _____

TRADE(S) OF WORK: _____

COMPANY

COMPANY NAME: _____

ADDRESS: _____

PHONE NUMBER: _____ FAX #: _____

CONTACT NAME: _____ EMAIL ADDRESS: _____

ESTIMATING CONTACT NAME: _____ EMAIL ADDRESS: _____

TYPE OF COMPANY: C-CORPORATION S-CORPORATION/LLC PARTNERSHIP SOLE PROPRIETORSHIP

DATE FORMED: _____ FEDERAL TAX ID#: _____

W9: *Please attach a copy with this Prequalification Form.*

AVERAGE WORK IN PLACE DURING LAST 5 YEARS \$: _____ WORK UNDER CONTRACT \$: _____

AVERAGE PROJECT SIZE IN PLACE LAST YEAR \$: _____ UNCOMPLETED BACKLOG \$: _____

LARGEST JOB IN THE LAST 3 YEARS \$: _____ DESIRED PROJECT SIZE \$: _____

NUMBER OF EMPLOYEES: OFFICE FIELD SHOP

WHERE IS THE COMPANY LICENSED TO DO BUSINESS?: _____

LIST THE APPROPRIATE TRADE AND/OR CSI CLASSIFICATIONS THAT YOU INTEND TO BID ON:

LIST THE GEOGRAPHICAL AREAS IN WHICH YOU WORK:

CONSTRUCTION TYPE - CHECK ALL THAT APPLY:

INTERIORS

DEMOLITION

SERVICE/MAINTENANCE

BASEBUILDING/NEW CONSTRUCTION

RENOVATION

OTHER: _____



MARKET SECTORS - CHECK ALL THAT APPLY

- CORPORATE OFFICE LAW FIRMS EDUCATION
- LIFE SCIENCES SCIENCE/TECH BANKING
- RETAIL HEALTHCARE OTHER:
- MULTIFAMILY RESTAURANT

LABOR

DOES THE COMPANY HAVE ANY UNION AGREEMENTS: YES NO

IF YES, PLEASE LIST: _____

MBE/WEB/SBE/DBE/DVBE/LSDBE/SDVOSB CERTIFICATION

IS YOUR COMPANY CERTIFIED? IF YES, PLEASE CHECK BELOW:

MBE WBE SBE DBE DVBE LSDBE SDVOSB OTHER:_____

CERTIFYING AGENCY(S): _____

CERTIFICATION NUMBER(S): _____

IS COMPANY IN COMPLIANCE WITH ALL EEO REQUIREMENTS: YES NO

BONDING CAPACITY

ARE YOU ABLE TO BOND PROJECTS?: YES NO BONDING RATE: _____

SINGLE PROJECT LIMIT: _____ AGGREGATE LIMIT: _____

BONDING COMPANY: _____ BONDING COMPANY ADDRESS: _____

LAST RATING: _____ AGENT NAME: _____ AGENT PHONE#: _____

BONDING LETTER: *Please attach bonding capacity letter from surety.*

HAS COMPANY EVER FAILED TO COMPLETE A CONTRACT: YES NO

HAS COMPANY EVER BEEN INVOLVED IN BANKRUPTCY OR RE-ORGANIZATION?: YES NO

ARE THERE ANY CLAIMS AGAINST THE COMPANY?: YES NO

ARE THERE ANY PENDING JUDGMENTS AGAINST THE COMPANY?: YES NO

HAS YOUR ORGANIZATION EVER FAILED TO COMPLETE ANY WORK AWARDED TO YOU IN THE LAST 5 YEARS?:

YES NO IF YES, PLEASE EXPLAIN: _____

HAS BEEN WITH CURRENT SURETY SINCE: _____ HAS BEEN WITH CURRENT AGENCY SINCE: _____

BANK REFERENCES

DOES THE COMPANY HAVE A LINE OF CREDIT FROM ANY LENDING INSTITUTION? YES NO

LINE \$: _____ AVERAGE AMOUNT UTILIZED \$: _____

BANK REFERENCE: *Please attach a bank reference letter confirming good standing.*

Submit as an attachment five (5) or more projects per category of completed and current projects incorporating the information outlined below:

COMPLETED PROJECTS: Representative projects completed within the last three (3) years.

NAME OF PROJECT:

CONTRACTING COMPANY:

CONTACT NAME:

PHONE NO.:

CONTRACT AMOUNT:

COMPLETION DATE:

LIST ON SEPARATE PAGE

CURRENT PROJECTS: Representative projects currently under construction.

NAME OF PROJECT:

CONTRACTING COMPANY:

CONTACT NAME:

PHONE NO.:

CONTRACT AMOUNT:

% COMPLETED:

LIST ON SEPARATE PAGE

TRADE REFERENCES: *List a minimum of three (3) of your suppliers on a separate paper.*

COMPANY NAME:

ADDRESS:

PHONE NO.:

CONTACT NAME:

LIST ON SEPARATE PAGE



SAFETY

EXPERIENCE MODIFICATION RATE (EMR) FOR THE PAST THREE YEARS:

CURRENT: _____ 1ST PRIOR YEAR: _____ 2ND PRIOR YEAR: _____

DOES THE COMPANY HAVE A WRITTEN SAFETY PROGRAM AND/OR POLICIES?: YES NO

DOES THE COMPANY HAVE A WRITTEN DRUG POLICY?: YES NO

IN THE PAST THREE (3) YEARS HAS YOUR COMPANY RECEIVED A CITATION OR NOTICE OF VIOLATION BY OSHA OR ANY OTHER REGULATORY AGENCY FOR A SAFETY, HEALTH OR ENVIRONMENTAL INCIDENT OR VIOLATION?

 YES NO IF **YES**, PLEASE ATTACH A SUMMARY OF EACH DESCRIBING THE CITATION OR

VIOLATION AND HOW IT WAS RESOLVED.

INSURANCE

ACKNOWLEDGE YOU HAVE THE FOLLOWING MINIMUM COVERAGE:

YES NO

(1) Standard Commercial Automobile Liability Insurance covering all owned, non-owned and hired automobiles, trucks, and trailers with a combined single limit of not less than \$1,000,000.

(2) Statutory Workers' Compensation Insurance and Employer's Liability Insurance with statutory limits, as required by law, including Maritime coverage, if appropriate, and Employer's Liability limits of not less than \$500,000 each accident/\$500,000 each employee/\$500,000 policy limit.

(3) Commercial General Liability Insurance in a form providing coverage not less than the standard ISO Commercial General Liability insurance policy ("Occurrence Form") or equivalent. The limits shall be a minimum of:
Each Occurrence - \$1,000,000
General Aggregate ("Per Project") - \$2,000,000
Products/Completed Operations Aggregate - \$2,000,000
Personal/Advertising Injury Aggregate - \$1,000,000

(4) Excess/Umbrella Liability insurance on a following form basis with limits of at least:
Each Occurrence - \$2,000,000 (\$10,000,000 if work is to be performed in the Life Sciences or Technology market sectors)
General Aggregate - \$2,000,000 (\$10,000,000 if work is to be performed in the Life Sciences or Technology market sectors)

(5) Professional Liability insurance on a following form basis with limits of at least:
Each Occurrence - \$5,000,000
General Aggregate - \$10,000,000
**Applicable to any Subcontractor that performs design work within their Subcontract Agreement.*

(6) Pollution Liability insurance on a following form basis with limits of at least:
Each Occurrence - \$2,000,000
General Aggregate - \$2,000,000
**Applicable to any Subcontractor that performs HAZMAT operations and applicable to any projects where specifically noted and/or required.*

LIST EXCLUSIONS: _____

INSURANCE COMPANY/ADDRESS: _____

AGENT NAME/PHONE NUMBER: _____

LAST RENEWAL: _____