



Subcontractor Pre-Qualification Form **Date:** _____

1. Firm Name: _____

Address: _____

Phone: _____

Fax: _____

Contact: _____

E-Mail: _____

- a. Corporation _____
- b. Partnership _____
- c. Sole Proprietorship _____
- d. Other _____

2. Trade(s) performed: _____

3. How many years has your organization been in business under your present name?
_____ Years.

4. If Incorporated, under the laws of what State? _____

Name of officers of the firm: _____

5. If a partnership, is the partnership general or limited? _____

Name the majority partners: _____

6. Is the organization in any way an outgrowth, result, continuation or reorganization of a former business:

_____ Yes
_____ No

If so, give the name and address of each predecessor business and the date of the change in entity:

7. Has the organization ever sought protection under bankruptcy or receivership laws?
Yes _____ No _____

If so, when and explain fully.

8. Has your organization, or any principal, ever failed to complete any contracted work awarded to you or has your firm defaulted on a performance bond or a contract?

Yes _____ No _____

If so, please note when, where, and why.

9. Do you self perform your own field installations / erections?

Yes _____ No _____

If no, do you have a prequalification program for subcontractors who perform field installations / erections for your company? Yes _____ No _____
(if yes, attach a copy of the program)

What percentage of your workload is contracted out to other sub-subcontractors?
_____%



List the three (3) subcontractors that performed the most field installations / erections by dollar amount for the last three (3) years?

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Bonding Capacity: _____

Union Affiliation: _____

EMR: 2008 _____ 2009 _____ 2010 _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Bonding Capacity: _____

Union Affiliation: _____

EMR: 2008 _____ 2009 _____ 2010 _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Bonding Capacity: _____

Union Affiliation: _____

EMR: 2008 _____ 2009 _____ 2010 _____

10. List your firms' Workers Compensation Interstate Experience Modification Rate for each Of the last three (3) years.

<u>EMR</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

11. List the largest subcontract completed by your company in the last five (5) years and the Year it was completed.

Contract With: _____

Contract Amount: _____

Year Completed: _____

12. Have you been cited by OSHA in the past five (5) years? Yes _____ No _____

If yes, please describe: _____

13. Do you have a written Safety Program? Yes _____ No _____

Name your Safety Officer: _____

Full Time _____ Part Time _____ Outsourced _____

14. Do you hold site safety meetings for field personnel? Yes _____ No _____

How often: _____

15. List the name of your bonding company and your bonding capacity.

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

The Surety holds a Best Financial Rating of: _____

Bonding Capacity: _____

Current total value of bonded projects: _____

List current bonded projects: _____
(Attach a separate sheet if necessary)

Provide the cost of a performance bond for the following size projects:

\$250,000 _____ \$500,000 _____ \$1,000,000 _____

16. Is there an additional cost for additional insureds?

Yes _____ No _____ If yes, what is the cost? _____

Provide the AMS best rating for your insurance carrier _____

17. Do you have a written Quality Assurance / Quality Control Program?

Yes _____ No _____ (if yes, attached a copy of the program)

18. Are you currently involved in any pending lawsuits? If yes, indicate how many and a court reference number.

Number of pending lawsuits: _____

List case numbers and dates filed:

Court Reference/Case No. _____ Date Filed: _____

Court Reference/Case No. _____ Date Filed: _____

19. What is your firm's sales volume for the past three years?

Year

Sales

20. Provide bank references and phone number

Bank Name & Branch: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

21. Do you have audited financial statements? Yes _____ No _____

22. If yes, who is your auditor?

Name: _____

Address: _____

Phone: _____ Fax: _____

23. Attach financial statement from the last three (3) years.

24. What is your current D&B Paydex? _____

25. Attach current D&B Report.

26. Do you have a union affiliation? Yes _____ No _____

If yes, provide name, address, phone & contact for each affiliation.

Primary Union: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

If more than 2, attach additional sheet.

Secondary Union: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

27. How many employees do you have?

Management/Clerical: _____

Field: _____

Shop: _____

28. Provide name, address, & contact information for your insurance contacts.

Broker: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Carrier: _____

29. Is your company certified by any government agency as:

WBE _____ MBE _____ DBE _____

If so, please list the agency(s) and provide a copy of the certification letter for each.

30. List the last 4 LEED projects your firm has completed:

	<u>Project</u>	<u>Architect</u>	<u>Certification Level</u>	<u>Completed</u>
1)	_____	_____	_____	_____
2)	_____	_____	_____	_____
3)	_____	_____	_____	_____
4)	_____	_____	_____	_____

31. List all LEED Accredited Professionals on your staff:

1. _____
2. _____
3. _____
4. _____

Submit additional LEED APs on a separate sheet.

32. List three (3) references for each of the following (if appropriate), including company name, contact person, and phone number:

General Contractors/Construction Managers

A. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

B. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

C. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Architects/Engineers

A. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

B. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

C. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Owners/Developers

A. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

B. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

C. Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Suppliers

A. Name: _____
Address: _____
Phone: _____ Fax: _____
Contact: _____

B. Name: _____
Address: _____
Phone: _____ Fax: _____
Contact: _____

C. Name: _____
Address: _____
Phone: _____ Fax: _____
Contact: _____

33. List three (3) previously completed or current projects that are typical for your company:

A. Project: _____
Address: _____
Owner: _____
General Contractor: _____
Scope: _____
Contract Amount: _____

B. Project: _____

Address: _____

Owner: _____

General Contractor: _____

Scope: _____

Contract Amount: _____

C. Project: _____

Address: _____

Owner: _____

General Contractor: _____

Scope: _____

Contract Amount: _____

34. Describe the ideal project (type, size, location) that you would like to bid to Valenti Builders, Inc.



35. The following documents should be attached to this pre-qualification form:

- A) Most recent OSHA 300 Log
- B) Current Certificate of Insurance
- C) Quality Control/Quality Assurance Program
- D) Any MBE/WBE/DBE Certification letters
- E) Additional LEED Accredited Professional's
- F) Audited Financial Statements (if applicable)

Return this form, with a copy of your Certificate of Insurance, OSHA 300 Log, additional sheets, and any brochures or marketing materials you deem relevant, via United States Postal Service, fax to 847.446.2610 or via email to joann.brown@valentibuilders.com:

**Valenti Builders, Inc.
225 Northfield Road
Northfield, Illinois 60093
Phone: 847/446-2200
ATTN: Joann Brown**