

Subcontractor Pre-Qualification Form

1. Firm Name: _____
Address: _____

Phone: _____
Fax: _____
Web Site: _____
Contact: _____
E-Mail: _____
- a. Corporation _____
 - b. Partnership _____
 - c. Sole Proprietorship _____
 - d. Other _____

2. 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.

3. Trade(s) performed: _____

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

5. If incorporated, under the laws of what State? _____

Name the officers of the firm: _____

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

Name the majority partners: _____

7. Is the organization in any way an outgrowth, result, continuation or reorganization of a former business? Yes _____ No _____

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

8. Has the organization ever sought protection under bankruptcy or receivership laws?

If so, when and explain fully.

9. 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.

10. List your firms' Interstate Experience Modification Rate for each of the last 3 years.

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

11. 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 worked is contracted out to other sub-subcontractors? _____

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

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Union Affiliation: _____

EMR: 2006 _____ 2007 _____ 2008 _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Union Affiliation: _____

EMR: 2006 _____ 2007 _____ 2008 _____

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Union Affiliation: _____

EMR: 2006 _____ 2007 _____ 2008 _____

12. List the largest subcontract completed by your company and the year it was completed.

Contract With _____

Contract Amount _____

Year Completed _____

13. Have you been cited by OSHA in the past 5 years? ____ Yes ____ No

If yes, please describe: _____

14. Please attach your firm's OSHA No. 300 for the last year:

15. Do you have a written Safety Program? Yes ____ No ____
(If yes, attach a copy of the program)

Name your Safety Officer: _____

Full Time? _____ Part Time? _____

Do you have a written Quality Assurance/Quality Control Program?
Yes ____ No ____ (If yes, attach a copy of the program)

16. Do you hold site safety meetings for field personnel? Yes ____ No ____

How often? _____

17. 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 your premium schedule for performance bond. Show premium rate at each tier or breakpoint.

18. Provide name, address, & contact information for your insurance broker and/or carrier.

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

Attach current Certificate of Insurance.

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. _____

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

Number of pending lawsuits: _____

Court Reference/Case No. _____ Date Filed: _____

Court Reference/Case No. _____ Dated Filed: _____

Court Reference/Case No. _____ Date Filed: _____

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

<u>Year</u>	<u>Sales</u>
_____	_____
_____	_____
_____	_____

21. Provide bank references and phone number

Bank Name & Branch: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

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

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.

Name: _____

Address: _____

Phone: _____ Fax: _____

Contact: _____

If more than 1, attach additional sheet.

27. How many employees do you have?

Management/Clerical: _____

Field: _____

Shop: _____

28. List Three (3) references for each of the following, 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: _____

Project 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: _____



29. List all current projects on a separate sheet using headings below:

- Project:
- Address:
- Owner:
- General Contractor:
- Start/End Dates:
- Percentage Complete:
- Contract Amount:

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

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 fax to 847.446.2610, mail, or email to joann.brown@valentibuilders.com:

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