

# Subcontractor Prequalification Form

Any subcontractor interested in working with INDECON Builders or is currently working with us, must be prequalified to be awarded a contract. This is a preliminary prequalification form, additional information and documentation, may be required to submit based on the project and owner requests.

This form and the requested documents **MUST** be submitted electronically to [subcontractorprequal@INDECONbuilders.com](mailto:subcontractorprequal@INDECONbuilders.com); this is a confidential document storage folder which can only be viewed by our financial reviewer.

Date Form Completed: \_\_\_\_\_

Has your company submitted this form in the last 30 days:  Yes  No

## GENERAL COMPANY INFORMATION

Company's Legal Name:			Year Founded:	
DBA:				
Mailing Address:				
Street Address, if different:				
Phone:		Fax:		
Website:				
Estimating Contact:		Title:		
Estimating E-Mail Address:		Estimating Cell:		
Type of Company:	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> LLC <input type="checkbox"/> Other _____			
Are there any affiliated subsidiaries?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please name them:				
Is your company owned or controlled by another organization?	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
If yes, please enter name of parent organization:				
State Sales Tax Registration No.				
State Unemployment Insurance No.				
Union:	<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Total number of current employees:				
Employee distribution, please enter the number of employees:	_____ Office Personnel		_____ Field Supervisors	
	_____ Field Labors			
Minority Business Enterprise status:	<input type="checkbox"/> MBE <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> SBE			
<i>*Please attach copies of all certifications regarding your MBE status</i>	Certifying Agency: _____			
Preferred project size:	<input type="checkbox"/> ≤ \$250K <input type="checkbox"/> \$251K - \$999K <input type="checkbox"/> \$1M - \$3M <input type="checkbox"/> \$3.1M - \$5M <input type="checkbox"/> ≥ \$5.1M			
List the geographical areas in which you work:				
List the trades you self-perform:				

<b>What percentage of the Company's work is typically subcontracted?</b>	_____ %		
<b>Contractor's License(s) States and No.</b> <i>*Please attach a copy</i>	State:	Lic. No.:	
	State:	Lic. No.:	
	State:	Lic. No.:	
	State:	Lic. No.:	
<b>Company's Principals:</b>	Name:	Title:	
	Name:	Title:	
	Name:	Title:	
	Name:	Title:	
	Name:	Title:	
<b>Insurance Company:</b> <i>Please attach copy</i>			
<b>Insurance Company Broker:</b> <i>Name</i>		Phone:	
<b>Current Surety Company:</b>			
<b>Broker Agent Name:</b>		Phone No.:	
<b>Bond Rates:</b> <i>(please enter bond rates for...)</i>	<u>Volume</u>	<u>Bond % Rate</u>	
	\$100,000 -	_____	
	\$500,000 -	_____	
	\$1M -	_____	
	\$2M -	_____	
	\$5M -	_____	
<b>Single Project Bonding Capacity:</b>	\$ _____		
<b>Aggregate Bonding Capacity:</b>	\$ _____		
<b>OSHA 300 Information (Entire Company)</b> <i>Past 3 years:</i>	20__	20__	20__
A. OSHA Recordable Incident Rate:			
B. Lost Time Incident Rate:			
C. Number of Recordable Injury Cases:			
D. Number of Lost Time Incidents/Illnesses:			
E. Number of Days Away from Work:			
F. Number of Fatalities:			
G. Total Employee Hours Worked:			
*** Note: For A&B use the formula: Incidents multiplied by 200,000 then divided by # of Employee Hours Worked.			
<b>EXPERIENCE MODIFICATION RATE (EMR)</b>			
List corporate Worker's Compensation Experience Modification Rate for the most recent 3 years and include rating worksheets (i.e. NCCI). Corporate:    20__ : _____    20__ : _____    20__ : _____			
<b>Has your company received any OSHA citations in the last 3 years?</b> <i>If yes, please provide: the date of violation, the violation type (i.e. serious), and what has been done to prevent similar violations as an attachment.</i>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Do you have corporate safety goals and objectives?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No
<b>Do you have a written safety and health program/manual?</b>	<input type="checkbox"/> Yes		<input type="checkbox"/> No

<b>Do your supervisors hold safety meetings?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, how often?</b>		
<b>Do you conduct field safety inspections to determine compliance with applicable federal, state, local and company regulations/procedures?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, who conducts the inspection?</b>		
<b>Are Inspection reports generated?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>If yes, who receives copies of the report?</b>		
<b>Do you have a follow-up system to track items identified during safety inspections?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have a documented pre-job or new employee occupational safety &amp; health orientation program?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you have a documented occupational safety &amp; health training program for newly hired or promoted first line supervisors or foremen?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Who conducts training? Name/Title</b>		
<b>Please check all elements below that are delivered by your training program:</b>		
<b>Subject</b>	<b>Yes</b>	<b>No</b>
Injury/Incident/Near-Miss		
Emergency Procedures		
First Aid Procedures		
Hazard recognition		
Incident Reporting		
Job Hazard Analysis		
Respiratory Protection		
Safety Tailgates		
Other-Specify		
<b>Does your company hold regularly scheduled safety meetings for employees?</b>		
<b>If yes, how often?</b>		
<b>Does your company have a Drug Free Workplace Program?</b>		
<b>Does this program include the following testing?</b>		
Pre-Employment		
Random		
Post Incident		
Reasonable suspicion		
<b>Does your company conduct injury, incidents, and near-miss investigations?</b>		
<b>Who conducts the investigations? Name/Title</b>		
<b>Any active litigation with Owners/General Contractors/Employees?</b> <i>If yes, please explain in attachment.</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

<b>Has your firm filed for Bankruptcy?</b> <i>If yes, please explain in attachment.</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>In the past five (5) years has your company been involved with any of the following:</b> <i>If yes, please explain in attachment.</i>			
<b>Subject</b>	<b>Yes</b>	<b>No</b>	
Judgements against you?			
Assessed liquidated damages?			
Labor law violations?			
Discrimination or sexual harassment suits?			
Defaulted or failed to complete a contract?			
Been terminated from a contract?			
Had your license revoked or suspended?			
<b>Does your company have a D&amp;B number?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>If yes, please provide your number:</b>			
<b>D&amp;B Pay Index:</b>			

**Please attach:**

1. Current Financial Statement: Income and Balance Sheet: Must be for the most recently completed fiscal year or calendar year, twelve months
2. Letter of Bondability
3. Certificate of Insurance / General Liability / Workers' Compensation
4. OSHA Forms 300 & 300A: Please provide the last three (3) years if you are an existing subcontractor please only provide last year. If exempt from OSHA record keeping, please provide a statement with the reason for your exemption as your submission. **If no injuries indicated on 300A, please still include OSHA Form 300.**
5. EMR History: Please provide past three (3) years. **IMPORTANT:** If EMR is equal to or greater than 1.25, please include a Letter of Explanation and Safety Program / Procedures / Policy Improvements
6. Line of Credit Letter
7. Form W-9
8. Health and Safety Manual
9. Client References
10. Credit References
11. Project Experience: Last three (3) years

I declare that the information provided by me on the above form is true and correct to the best of my knowledge and belief. I also confirm that in the event of any information provided by me is not true and incomplete and in the event of any violation of Government Regulation it is well within its right of INDECON Builders Inc. to take necessary action including discontinuation of any and all agreements, I shall forfeit the remainder of my contract and INDECON Builders can levy charges as per the final agreement between my company and INDECON Builders, Inc.

**AGREED AND ACCEPTED by Person authorized to sign on behalf of the company:**

Signature: \_\_\_\_\_

Company Name: \_\_\_\_\_

By: \_\_\_\_\_

Title: \_\_\_\_\_