

SUBCONTRACTOR PRE-QUALIFICATION

Company Name:				Contractor Li	icense #:		
Mailing Address:							
City, State, Zip:							
					Fax:		
Contact Name:							
					Phone:		
Email Address:							
SCOPE OF WORK/MAT	ERIAL PRO	OVIDED					
Labor Only?	Yes	No		Material/Labor?	Yes	No	
CSI Divisions/Trades:							
HUB Certified?	Yes	No		Certified as (i.e. W	BE, MBA, etc.):		
Certified by which agency	?						
In what geographical area	does your	firm pref	er to operate?				
COMPANY STRUCTURE	Ε						
Type of Organization:	-				Sole Proprieto	r	Joint Venture
	-		LLC State Established: _		-		Joint Venture
			State Established:		Federal ID #:		
Date Founded:			State Established:		Federal ID #:		
Date Founded:	nas/does th	is compa	State Established: _ ny operate(d):		Federal ID #:		
Date Founded: Under what other names h	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?		Federal ID #:		
Date Founded: Under what other names h Is company owned or con If yes, what organization?	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?	Yes No	Federal ID #:		
Date Founded: Under what other names h Is company owned or con	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?	Yes No	Federal ID #:		
Date Founded: Under what other names h Is company owned or con If yes, what organization?	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?	Yes No	Federal ID #:		
Date Founded: Under what other names h Is company owned or con If yes, what organization? OFFICERS (List all offic	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?	Yes No	Federal ID #:		
Date Founded: Under what other names h Is company owned or con If yes, what organization? OFFICERS (List all offic Name:	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?	Yes No Title:	Federal ID #:		
Date Founded: Under what other names h Is company owned or con If yes, what organization? OFFICERS (List all offic Name: Name:	nas/does th trolled by a	is compa ny other	State Established: _ ny operate(d): organization?	Yes No Title: Title:	Federal ID #:		
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Date Founded: Under what other names h Is company owned or con If yes, what organization? OFFICERS (List all offic Name: Name: Name: Name: Name: Current Number of Emplo	has/does the	is compa ny other compan	State Established: iny operate(d): organization? iny with titles)	Yes No Title: Title: Title: Title: Title:	Federal ID #:		
Date Founded: Under what other names h Is company owned or con If yes, what organization? OFFICERS (List all offic Name: Name: Name: Name: Name:	has/does the	is compa ny other compan	State Established: iny operate(d): organization? iny with titles)	Yes No Title: Title: Title: Title: Title: Title: Title: Title:	Federal ID #:		

EXPERIENCE						
Please list projects your company has been involved in during the last 5 years:						
Date	Project Name	Contract Amount	Contractor	Contact Name	Phone Number	

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Historically, what percentage of your firm's work has been associated with the following building types and what is the average value of those contracts?

%	Building Type	Average Value	%	Building Type	Average Value
	Retail			Schools	
	Government			Churches	
	Correctional Facilities			Renovations	
	Light Industrial			Hotel	
	Hospitals/Medical Clinics			Other (specify)	
	Office Warehouse				

Has your company failed to complete any work awarded?	Yes	No
Has your company been removed from a project?	Yes	No
Are there any suits, judgments, claims or arbitrations with regard to construction against your company?	Yes	No
Has your company filed any law suits or requested arbitration with regard to construction?	Yes	No
Has your company been assessed any liquidated damages?	Yes	No
If yes to any of the above, please list which project(s) and why (attach additional pages if needed):		

Is your company affiliated wi	th any other contracting firm	? Yes I	No	
If yes, please provide the foll	owing information:			
Firm Name:				
Address (Street, City, State, Zip):				
Dhone Number:		Eav Num	nber:	
Is your company party to any	labor agreements?	Yes No		
If yes, which agreement(s):				
DEEEDENOEG				
REFERENCES				
Have you worked with Emers	on Construction Company, I	nc. before? Ye	s No	
If yes, which project(s)?				
_				
_				
List five General Contractors	with whom your company d	nes husiness:		
Contractor Name	Address	Contact	Phone/Fax Number	Email
List five Suppliers/Vendors w				- "
Supplier/Vendor Name	Address	Contact	Phone/Fax Number	Email

Supplier/vendor Name	Address	Contact	Phone/Fax Number	Email

FINANCIAL					
What is your current value of work	under contract and in	progress?			
What is your backlog as of today?			As of 12 months ago?		
List current vendors/suppliers curr	rently extending credit	to your company:			
Vendor/Supplier Name	Address	Phone Number	Contact	Account #	
Please provide a copy of your late: financial statement.	st tinancial statement p	prepared by an outside accour	nting firm and a copy of ye	our most recent internal	
BANK INFORMATION (financial	information will be k	cept confidential)			
Bank Name:					
Address (Street, City, State, Zip):					
Phone Number:					
Banking Officer:		Officer Phone	Number:		
BONDING INFORMATION (pleased)	se attach reference le	etter from bonding company	y that includes the info	rmation below)	
Agent Name: Email Address:					
Address (Street, City, State, Zip):				<u> </u>	
Phone Number:	Phone Number: Fax Number:				
			S:		
Address (Street, City, State, Zip):					
Phone Number:		Fax Number:			
Bonding Capacity for Single Project? Aggregate?					

SAFETY					
List your Workers Compensation Experience Mo	difier?				
Current Year:	Prior Year:			Two Years Ago:	
Provide your reportable incident rate for each of	the last three	vears.			
	-	years.		Rate:	
				Rate:	
	Year:		-	Rate:	
Has your company had a job site fatality? If yes, how many and when?	Yes	No			
Has your company had an OSHA Citation? If yes, how many and when?	Yes	No			
Does your company have a written Field Safety F	Program?	Yes	No		
If yes, is a copy available upon request?		Yes	No		
Does your company conduct Field Safety Meetin	gs?	Yes	No		
If yes, who conducts the meetings?	-			Frequency?	
If no, why not?					
Does your company have a Drug Testing Program	m?	Yes	No		
Pre-employment Testir	ıg?	Yes	No		
Post Incident Test?		Yes	No		
Random Drug Test?		Yes	No	If yes, frequency?	

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I have prepared and/or reviewed this completed document in its entirety. Based upon my knowledge, this document is complete and does not contain any material misstatements or omissions and fairly presents the conditions and operations of the company.

Printed Name:	Date:

Title: _____

Sig	nature:
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