



SUBCONTRACTOR PREQUALIFICATION FORM

Please email completed Subcontractor Prequalification form to estimating@pooleconstructionco.com and copy Tonita Poole at tpoole@pooleconstructionco.com.

GENERAL INFORMATION

Company Name:			
Previous Company Name:			
Type of Business:		Years in Business:	
Office Address:			
City:		State:	ZIP Code:
Trade(s) Performed:		Geographic Region(s) Served:	
Business License:	License #:	License Expiration Date:	
Business Contact:		Title:	
Phone:	Fax:	Mobile:	
Email:	Website:		
# of Employees:	Office Staff:		Executives/Managers:
	Field Staff:		Field Superintendents:
Certification: <input type="checkbox"/> WBE <input type="checkbox"/> DBE <input type="checkbox"/> HUB <input type="checkbox"/> SBE <input type="checkbox"/> HBE <input type="checkbox"/> MBE		Certification Expiration Date:	

COMPANY OFFICERS

Name & Title	Years with Company	% Ownership

ENVIRONMENTAL HEALTH AND SAFETY (EH&S)

List work-related injury and illness data from OSHA 300A Log	2022	2021	2020
Experience Modification Rate (EMR): (attach letter from agent)			
DART Incident Rate (Days Away, Restricted and Transferred):			
Incident Case Rate:			
Citation and Notice of Violation History: Provide citation documentation if any. Provide explanation of such citation(s) as well as the corrective action(s) taken to prevent future re-occurrences.	2022	2021	2020
Occupational Health and Safety Administration (OSHA) Citations and Violations:			
Environmental Protection Agency (EPA) Citations and Violations:			
Number of Fatalities:			
Number of OSHA Recordable Incidents:			
Number of Lost Work-Day Incidents:			
Number of other Recordable Cases:			
Number of Annual Man-hours Worked:			



Confirm your company has implemented the following EH&S practices/controls:		Yes	No
Does your company have a written EH&S program?		<input type="checkbox"/>	<input type="checkbox"/>
Does your company have a Drug and Alcohol Substance Abuse program?		<input type="checkbox"/>	<input type="checkbox"/>
Does your company conduct EH&S orientation for new hires and subcontractors?		<input type="checkbox"/>	<input type="checkbox"/>
Does your company have an EH&S training program?		<input type="checkbox"/>	<input type="checkbox"/>

PROJECT PERFORMANCE

Current Jobs in Progress (List 3)

1	Project Title:	
	Trade(s) Performed:	
	Location:	Contract Amount: \$
	Owner:	General Contractor (GC):
	GC Contact Name:	Title:
	Phone:	Email:
2	Project Title:	
	Trade(s) Performed:	
	Location:	Contract Amount: \$
	Owner:	General Contractor (GC):
	GC Contact Name:	Title:
	Phone:	Email:
3	Project Title:	
	Trade(s) Performed:	
	Location:	Contract Amount: \$
	Owner:	General Contractor (GC):
	GC Contact Name:	Title:
	Phone:	Email:

Projects Recently Completed (List 3)

1	Project Title:	
	Trade(s) Performed:	
	Location:	Contract Amount: \$
	Owner:	General Contractor (GC):
	GC Contact Name:	Title:
	Phone:	Email:
2	Project Title:	
	Trade(s) Performed:	
	Location:	Contract Amount: \$
	Owner:	General Contractor (GC):
	GC Contact Name:	Title:
	Phone:	Email:
3	Project Title:	
	Trade(s) Performed:	
	Location:	Contract Amount: \$
	Owner:	General Contractor (GC):
	GC Contact Name:	Title:
	Phone:	Email:



FINANCIAL, BONDING & INSURANCE INFORMATION

	2022	2021	2020
Annual Revenue			

Financial Statement: Profit and Loss Statement and Balance Sheet.
Please provide a copy of your CPA Audited or Reviewed financial statements for the years listed above.

D&B (Dun and Bradstreet) #:

Bonding Reference

Surety Company:	Agent Name:	
Length of Business Relationships:	Phone:	Fax:
Bond Rate:	Capacity:	Available:

At any time during the past five years, has any surety company made any payments on your firm's behalf as a result of a default, to satisfy any claims made against a performance or payment bond issued on your firm's behalf, in connection with a construction project, either public or private?
 Yes No

Banking Reference

Bank Name:	Bank Contact Name:
Bank Contact Phone:	Fax:
Bank Contact Email:	Line of Credit Available:
Total Line of Credit:	

Insurance

Broker/Agency Company Name:	Contact Full Name:
Phone Number:	Email:

Certificate(s) of Insurance: Please provide a copy of your certificate(s) of insurance with the insurance requirements. Provide us your additional insured endorsement(s) to all applicable policies. Send a copy of your W-9. Send all required forms to Tonita Poole at tpoole@pooleconstructionco.com.

CLAIMS HISTORY

- Has any claim been filed in court or arbitration against your organization concerning your work on a construction project? Yes No
- Has any claim been filled in court or arbitration by your organization against a contractor?
 Yes No