



Subcontractor Pre-Qualification Form

Company Name/DBA:

Address:

City:

State:

Zip Code:

Phone:

Federal Tax ID #:

Dun & Bradstreet (DUNS) #:

Years in Business:

State of Establishment:

Contact First Name:

Last Name:

Title:

Phone:

Fax:

Email:

State where project is located:

Contractor License/ROC/CRN # (If required):

List the trades that your company self performs:

Does your company subcontract out any trades (using 1099 employees)?

List the states where your company performs work:

Employee Breakdown:

Executive Staff:

Management Staff:

Support Staff:

Field Labor:

Other Employees:

Legal:

Does your company or any employee at your company have any judgements, claims, arbitrations, proceedings, or suits currently pending/outstanding?

If you answered "Yes" please explain:

In the past 3 years has your company defaulted, been terminated for cause, or failed to complete a construction contract awarded to it?

If you answered "Yes", please explain:

Does your company have any lawsuits, litigation, arbitration, or mediation arising from your company's active projects or projects worked on within the last 3 years?

If you answered "Yes", please explain:

Has your company filed for bankruptcy, or had any company reorganizations within the last 10 years?

If you answered "Yes", please explain:

Surety and Insurance:

Can your company provide a performance bond?

Broker (e.g. Gene Lilly, FNIC, Willis Towers, CNA, Holmes Murphy, etc.):

Bonding/Surety Company Name:

AM Best Rating:

Address:

Contact Name:

Phone #:

Email:

Single Project Bonding Limit:

Aggregate Bonding Limit:

Available Capacity:

Bonding Rate/Cost per \$1000:

Safety:

Does your company have a written Safety Program?

Does your company have a drug and alcohol testing program?

Does your company perform safety orientation and training for all employees?

Company's OSHA 300A Log reporting data:

	Last Year	Prior Year	2 nd Prior Year
Total # of Fatalities (Line G):			
Total # of OSHA Recordable Incidents (Lines H + I + J):			
Total # of Lost Day Incidents (Lines K + L):			
Total # of hours worked by all employees:			
Total # of OSHA Citations:			
<i>From Workers Compensation Policy</i>			
Experience Modification Rate (EMR):			

Signature:

*I hereby certify that the information submitted herein, including any attachments,
is true and sufficiently complete so as not to be misleading.*

Printed or Typed Name

Signature

Title

Date Signed

Email Address

Email signed form to prequal@ngcgroupinc.com