



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: Have you worked with NGC in the past?

Contractor License/ROC/CRN # (If required): If Yes: On how many projects?

List the trades that your company self performs: Years since last worked with NGC?

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 or as directed.

Please include W9, EMR, OSHA Logs, Bond Letter, COI, & Labor Rate Sheet when returning, as required.