



PRE-QUALIFICATION FORM FOR SUBCONTRACTORS

FIRST-TIME APPLICANT?

Company Information

Company name: _____
 Federal Tax ID (EIN): _____ Years in business: _____

Street Address: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ E-mail: _____

Principals of firm:

Name	Title	E-mail
_____	_____	_____
_____	_____	_____

Website: _____
 Type of Organization _____ Type of Company _____
 Type of Subcontractor: _____

Provide name and Federal ID for all subsidiaries and affiliate companies:

Company Qualifications

Type of work: _____
 State License Numbers: State: _____ License Number: _____
 State: _____ License Number: _____
 State: _____ License Number: _____

Work Regions

- KY: Bowling Green Hopkinsville Lexington Madisonville Owensboro Paducah
- TN: Clarksville Nashville
- OK: Edmond

Number of Employees _____ Company Status: _____
 Insurance Company _____ Insurance Agent _____ Phone Number _____

Is your company bondable?

If Yes, please list:
 Bonding Company _____ Capacity _____ Bonding Agent _____ Phone Number _____

Company Financial Information

D&B DUNS Number: _____

List D&B DUNS Number for all subsidiaries and affiliates, if applicable:

Please provide a financial reference (bank):

Company Name: _____

Contact Name: _____

Title: _____

Phone: _____ E-mail: _____

Legal Information

Has your organization, or its principals filed for bankruptcy protection in the past 10 years? (If yes, please attach document with explanation)

Are there any judgments, claims, arbitration proceedings or suits pending or outstanding against your organization or its officers? (If yes, please attach document with explanation)

Has your organization filed any law suits or requested arbitration with regard to construction contracts within the last five years? (If yes, please attach document with explanation)

Has your organization ever failed to complete any work awarded it? (If yes, please attach document with explanation)

Current and recent performance

List your company's three largest projects during the last three years:

Project Name	Completion Date
_____	_____
_____	_____
_____	_____

Provide your company's average annual sales volume for the last three years:

Year	Company's Average Annual Sales Volume
_____	_____
_____	_____
_____	_____

Bid Solicitation Information

Provide contact information regarding bid solicitation:

Name: _____
Phone: _____ Fax: _____ E-mail: _____

Specification sections your company will bid (list all that apply):

Related work which your company typically excludes from bids:

References

Please list at least three General Contractors references:

Firm	Representative/Title	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please list at least three Trade references:

Firm	Representative/Title	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

Past Safety Performance

	Present Year	Last Year
Number of Employees:		
Total Number of OSHA Recordables:		
Number of man-hours worked:		
Total Contractor Incident Rate:		
Number of Lost Workday Cases:		
Number of Work-related fatalities:		

Please submit a copy of OSHA 300 Log for present year and last year.

OHSA Inspection History

Total number of inspections in the past five years:	
Number of inspections resulting from employee complaints:	
Number of random inspections:	
Number of OSHA citations:	
Type of citation(s): N/A	

Interstate Worker's Compensation Experience Modification Rate (EMR)

List EMR for the previous three years:

Current Year: _____ Previous Year: _____ Previous Year: _____

List your current Worker's compensation Insurance carrier:
Carrier:

Carrier Address:

Insurance Policy Anniversary Date:

For what state(s) is the EMR you are submitting?

Safety Policies and Procedures

	Yes	No
Does your company have a written safety program? (If Yes, submit a copy by e-mail, fax, or mail)		
Does your company have a written Hazard Communications Program? (If Yes, submit a copy by e-mail, fax, or mail)		
Does your company have an orientation program for new hires?		
Does your company ensure that your employees have received all training required by law, or which is necessary for them to perform their work safely, and can proof be provided upon request?		
Does your company have a training program for foremen and supervisors?		
Does your training require testing of employees?		
Does your company hold safety (toolbox) meetings?		
If Yes, how frequently: Daily Weekly Monthly As needed		
Does your company conduct project safety inspections?		
If Yes, who conducts the inspections?		
If Yes, how frequently: Daily Weekly Monthly As needed		
Does your company have an individual assigned with safety responsibility?		
If Yes, what percentage of their time is devoted to safety activities?		
If Yes, please list name and telephone number of safety personnel.		

Acknowledgements and Signature

The above (safety) information is true to the best of my knowledge. In addition, your signature below will serve as written authorization for A&K Construction, Inc. to obtain the necessary information from your bank.

Signature:

Name:

Title:

Date: