



## SUBCONTRACTOR PRE-QUALIFICATION FORM

### Company Contact Information:

Full Company Name: \_\_\_\_\_  
Primary Business Contact & Title: \_\_\_\_\_  
Other Company Contact & Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email Address: \_\_\_\_\_  
Website Address: \_\_\_\_\_

### Company Profile Information:

Trade(s) /Work Performed: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Geographic Region(s) Served: \_\_\_\_\_  
\_\_\_\_\_

Labor Affiliation:  
 Union  Non-Union  Prevailing Wage

If Union, list Unions which you have agreements with:  
\_\_\_\_\_  
\_\_\_\_\_

For the unions listed above please provide the dates that the agreements expire  
\_\_\_\_\_  
\_\_\_\_\_

Business Certifications: *(Attach documentation from any local, state or federal agency that has certified your company.)*

Minority Business Enterprs (MBE)  Disadvantaged Business Ent (DBE)  
 Women Business Enterprs (WBE)  Local Business Ent (LBE)  
 Small Business Enterprs (SBE)  Veterans Business Ent (VBE)

Business Certifications - Other(s): \_\_\_\_\_  
Manufacturer Certifications: \_\_\_\_\_  
Trade Associations and/or Organizations: \_\_\_\_\_

Name of Parent Company: \_\_\_\_\_  
Address of Parent Company: \_\_\_\_\_

**Company Profile Information (Continued):**

Years in Business: \_\_\_\_\_  
Type of Company: \_\_\_\_\_  
\_\_\_\_ Corporation    \_\_\_\_ Partnership    \_\_\_\_ Proprietorship    \_\_\_\_ Sub. S. Corporation  
State of Incorporation: \_\_\_\_\_  
Date of Incorporation: \_\_\_\_\_  
Contractor's License #: \_\_\_\_\_ State: \_\_\_\_\_ Expiration: \_\_\_\_\_  
State Sales Tax Registration #: \_\_\_\_\_  
State Unemployment Insurance #: \_\_\_\_\_  
Federal Tax ID #: \_\_\_\_\_

List the Corporate Officers, Partners, Proprietors, Members and Shareholders of more than 5% of the stock of your Company:

\_\_\_\_\_

List other names your company has operated under:

\_\_\_\_\_

# Employees - Home Office: \_\_\_\_\_  
# Employees - Field Supervisory: \_\_\_\_\_  
# Employees - Tradespeople: \_\_\_\_\_

If your company has ever petitioned for bankruptcy, failed in business, defaulted or been terminated on a contract awarded to you, please explain:

\_\_\_\_\_

If any of the Owners, Officers, or major stockholders of your company have been indicted or convicted of any felony or other criminal conduct, please explain:

\_\_\_\_\_

If your company has ever had a claim made against it for improper, delayed, defective or non-compliant work or failure to meet warranty obligations, please explain:

\_\_\_\_\_

If your company has ever defaulted on payment to workers, Unions, suppliers, subcontractors please explain:

\_\_\_\_\_

If your company or any of its owners, officers, or major shareholders is currently involved in any arbitration or litigation, please explain:

\_\_\_\_\_

If your company has any outstanding judgments or claims against it, please explain:

\_\_\_\_\_

If there is/has been any litigation brought against your company in the past five years, asserting that you've failed to make payments to someone, please explain:

\_\_\_\_\_

**Company Work Experience Information:**

Structure Type(s) Preferred:

- Industrial     Transportation     Commercial  
 Retail     Healthcare     Hospitality  
 Government     Religious     Residential  
 Military     Utilities     Education

Other(s): \_\_\_\_\_

Work Type(s) Preferred:

- New     Alteration/Rehabilitations     Interior or Fit-Ups

LEED Construction Experience:

Yes     No

Medical / Healthcare experience?

Yes     No

List BIM Medical/ Healthcare projects & scope completed: \_\_\_\_\_

Building Information Modeling (BIM) Experience?

Yes     No

BIM- Coordination/ As- built experience?

Yes     No

List BIM Projects & Scope completed: \_\_\_\_\_

Typical Project Dollar Size:

\$ \_\_\_\_\_

Indicate the size of project (in dollar value) you are most competitive in performing:

List your expected annual volume for this year:

List the annual volume for the past five years, by year:

List the Trades you usually self-perform:

List the percentage of work you typically Subcontract:

% \_\_\_\_\_

List the trades/work you normally Subcontract:

**Recently Completed Projects:**

Fill out the following information for projects you've recently completed  
*(list 3 projects and include Medical / BIM / LEED project experience if applicable):*

Project Title: \_\_\_\_\_

Location(s): \_\_\_\_\_

Trade(s) Performed: \_\_\_\_\_

Contract Amount: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Owner/CM/GC: \_\_\_\_\_

**Recently Completed Projects continued:**

Project Title: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

Project Title: \_\_\_\_\_  
Location(s): \_\_\_\_\_  
Trade(s) Performed: \_\_\_\_\_  
Contract Amount: \_\_\_\_\_ Date Completed: \_\_\_\_\_  
Owner/CM/GC: \_\_\_\_\_

List three contractors you've worked for in the past, along with their contact information:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Bank References**

Does your company have "Reviewed" or "Audited" financials  Yes  No

Are the "Reviewed" or "Audited" financials available for review by Campanelli  Yes  No

Please list contact information for bank references that can provide credit references upon request

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Contact: \_\_\_\_\_  
Telephone: \_\_\_\_\_

**Bond Information:**

Is this subcontractor able to obtain a project specific letter from their bonding company stating their ability to be bonded for a specific project and a bid amount.  Yes  No

Bonding Capacity Per Project: \_\_\_\_\_  
Bonding Capacity – Aggregate: \_\_\_\_\_  
Current Amount Bonded: \_\_\_\_\_  
Bond Rating: \_\_\_\_\_  
Surety Company: \_\_\_\_\_  
Contact & Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_  
Bonding Rate: \_\_\_\_\_

**Legal & Insurance Information:**

Insurance (*Limits and Coverage Type*): \_\_\_\_\_  
Workmen’s Compensation: \_\_\_\_\_  
General Liability: \_\_\_\_\_  
Excess/Umbrella Liability: \_\_\_\_\_  
Automobile Liability: \_\_\_\_\_  
  
Insurance Company: \_\_\_\_\_  
Contact & Title: \_\_\_\_\_  
Location: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Safety Information:**

Does your company document safety procedures?  
\_\_\_Yes \_\_\_No

How many OSHA violation(s) has your Company received in the last three years?  
(List number per each year):  
\_\_\_\_\_  
\_\_\_\_\_

Please list the company EMR (Experience Modification Rate)  
\_\_\_\_\_

Has your company had any employee deaths in the past three years?  
\_\_\_Yes \_\_\_No  
If yes, please explain:  
\_\_\_\_\_  
\_\_\_\_\_

Do you have a qualified person responsible for safety within your company?  
\_\_\_Yes \_\_\_No  
If yes, please describe his/her qualifications:  
\_\_\_\_\_  
\_\_\_\_\_

Does this person perform safety inspections on your projects?  
\_\_\_Yes \_\_\_No  
If yes, please indicate frequency:  
\_\_\_\_\_  
\_\_\_\_\_

We have attempted to answer all questions in a full and complete manner to assure that our answers are not in any respect misleading either by expressing ourselves in an ambiguous manner or by omitting information. We recognize that the Campanelli Companies will be relying on the accuracy of the information and our responses in this questionnaire when analyzing our bid and in awarding this work to our Company.

Dated: \_\_\_\_\_  
Name of Company: \_\_\_\_\_  
Completed by: \_\_\_\_\_  
Title (Must be an Officer of the Company): \_\_\_\_\_