**Trade Contractor Pre-Qualification Form**

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|  | | | | | | | | | | |
| Date |  | | | | | | | | | |
| First name |  | | | Last name |  | | | | | |
| Email |  | | | Cell |  | | | | | |
| **Company Information** | | | | | | | | | | |
| Company |  | | | | | | | | | |
| Address 1 |  | | | | | | | | | |
| Address 2 |  | | | | | | | | | |
| City |  | | | State |  | | | Zip |  | |
| Phone number | | | |  | | | | | | |
| Fax Number | | | |  | | | | | | |
| Years in business under present name | | | |  | | | | | | |
| Type of work performed | | | |  | | | | | | |
| What markets do your firm work in? | | | | Advanced Technologies | |  | Commercial | | |  |
| Education | |  | Food & Beverage | | |  |
| Healthcare | |  | Industrial | | |  |
| DUNS number | |  | | Dunn & Bradstreet rating | | | |  | | |
| **Main Contact Information** | | | | | | | | | | |
| **President / CEO** | | | | | | | | | | |
| Name: | | | Cell: | | | | | | | |
| Title: | | | Email: | | | | | | | |
| **Safety Director / Manager** | | | | | | | | | | |
| Name: | | | Cell: | | | | | | | |
| Title: | | | Email: | | | | | | | |
| **Person in your firm for inquiries** | | | | | | | | | | |
| Name: | | | Cell: | | | | | | | |
| Title: | | | Email: | | | | | | | |
| **Bid Contact Information (will receive notifications to bid):** | | | | | | | | | | |
| **Contact 1:** | | | | | | | | | | |
| Name: | | | Cell: | | | | | | | |
| Title: | | | Email: | | | | | | | |
| **Contact 2:** | | |  | | | | | | | |
| Name: | | | Cell: | | | | | | | |
| Title: | | | Email: | | | | | | | |
| **Contact 3:**  **Contact 3:** | | |  | | | | | | | |
| Name: | | | Cell: | | | | | | | |
| Title: | | | Email: | | | | | | | |

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| **Bidding Information** *(select all that apply)***:** | | | | | | |
| Small Business (SBE)  Union Member  African American Business (AABE)  Prevailing Wage  Hispanic Business (HBE)  Asian American Business (ABE)  Women’s Business (WBE)  Native American Business (NABE)  Historically Underutilized Business (HUB)  Minority Business Enterprise (MBE)  Service-Disabled Veteran-Owned (SDVOSB)  8a Business Enterprise (8a)  Affirmative Action  Certified Business Enterprise (CBE)  *If any of the above are checked, please also submit your certificate or other supporting documentation verifying this status and type.*  **Scope of Work** *(select all that apply)***:** | | | | | | |
| 1.91 Commissioning  3.1 Concrete  3.4 Precast  4.2 Masonry  5.1 Steel  5.4 Cold Formed Metal Framing  5.5 Misc. Metals  6.1 General Trades  6.4 Casework  7.4 Metal Panels  7.5 Membrane Roofing  7.9 Caulking/Sealants  8.1 Doors, Frames & Hardware  8.3 OH Door  8.5 Wood Windows  8.8 Aluminum Glass & Glazing  9.2 MS, Drywall & Acoustical  9.6 Floor Covering  9.9 Painting  10.1 Lockers  10.2Specialties  10.4 Signage  11.16 Loading Dock  11.4 Kitchen Equip  11.6 Athletic Equip  11.9 Other Equip  12.2 Window Treatments  12.5 Laboratory Casework  14.2 Elevator  14.6 Cranes & Hoists  21.1 Fire Suppression  22.1 Plumbing  23.1 HVAC  22.2 Mechanical  23.9 Building Controls  26.1 Electrical  27.1 Data Cabling  28.1 Security  31.1 Earthwork  32.1 Asphalt  32.2 Landscaping  32.3 Fencing | | | | | | |
| Total office staff |  | Total field staff | | | |  |
| Percentage of self-performed work | |  | | | | |
| Work in place last year ($) | |  | | | | |
| Average annual sales last three years ($) | |  | | | | |
| Is your firm in compliance with EEO? | | Yes |  | No |  | |

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| Has your firm ever failed to complete a contract? | Yes |  | No |  |
| Has your firm, owner, or any officer of the firm ever been involved in bankruptcy reorganization? | Yes |  | No |  |
| Has your firm, owner, or any officer of the firm had pending judgments, claims, or suits against it/them? | Yes |  | No |  |
| *If “yes,” please describe briefly.* |  | | | |

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| **Finance & Insurance Information** | | | | | | | | | |
| Firm’s bank |  | | | | | | | | |
| Address 1 |  | | | | | | | | |
| Address 2 |  | | | | | | | | |
| City |  | | State | |  | | | Zip |  |
| Contact |  | | | | | | | | |
| Email address |  | | | | | | | | |
| Phone number |  | | | | | | | | |
| Insurance agent |  | | | | | | | | |
| Address 1 |  | | | | | | | | |
| Address 2 |  | | | | | | | | |
| City |  | | State | |  | | | Zip |  |
| Total bonding capacity ($) | | |  | | | | | | |
| Value of work currently bonded ($) | | |  | | | | | | |
| What is your firm’s credit rating? | | |  | | | | | | |
| *Please submit a letter from your financial institution indicating a current line of credit and a letter from your bonding company indicating current bonding capacity.*  *If possible, please also submit a copy of your firm’s latest Audited Financial Statement. Please note that this may be required to be submitted based on the responses to the items outlined in this form for final approval.* | | | | | | | | | |
| **Recently Completed Project** | | | | | | | | | |
| Project |  | | | | | | | | |
| Address 1 |  | | | | | | | | |
| Address 2 |  | | | | | | | | |
| City |  | | State | |  | | | Zip |  |
| Architect |  | | | | | | | | |
| Contract amount ($) | |  | Completion date (MM/YY) | | | | |  | |
| Client contact |  | | | | | | | | |
| Email address |  | | | | | | | | |
| Phone number |  | | | | | | | | |
| Please list the state(s) your firm is qualified to do business in | | |  | | | | | | |
| Is your firm registered to collect sales and use tax in the states(s) where your firm is qualified to do business? | | | | Yes |  | No |  | | |

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| **Health & Safety Information** | | | | | | | | | |
| Number of Lost Workday Cases | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Number of Cases with Medical Attention Only | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Number of Restricted Workday Cases | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Number of Fatalities | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Total Recordable Incident Rate (TRIR) | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Experience Modification Rate (EMR) | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| *Please submit a letter from your insurance agent confirming your EMR ratings from the last three (3) years.* | | | | | | | | | |
| Please Provide Any General Liability Losses | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Total Number of Employee Hours Worked | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Total Number of Illness and/or Injury Hours | | | | | | | | | |
| 2019 |  | 2020 |  | | | 2021 | | |  |
| Please indicate the frequency of job site safety inspections | | | | | | | | | |
| Monthly |  | Weekly |  | | | Daily | | |  |
| Who is responsible for performing job site safety inspections? | | | | | | | | | |
| Name |  | | Phone Number | | | |  | | |
| If inspections are performed by a third party, please indicate the name of the company. | | |  | | | | | | |
| How many OSHA violations has your firm received in the last three years? | | |  | | | | | | |
| What was/were the severity of the violation(s)? | | |  | | | | | | |
| What actions were taken to correct the issue(s)? | | |  | | | | | | |
| How is an accident and/or illness case recorded? | | |  | | | | | | |
| Please describe your safety training program. | | |  | | | | | | |
| Do you have full-time safety representation on site when you have employees working? | | | Yes |  | No | | |  | |
| Please provide a list of your company’s requested safety training. | | |  | | | | | | |

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| --- | --- | --- | --- |
| **Signature & Submittal** | | | |
| Signature |  | | |
| Name |  | Title |  |
| ***Make sure to include the following attachments when you submit your completed form:***   * ***If a MBE, WBE, or DBE, certificate(s) or other supporting documentation*** * ***Sample Certificate of Insurance*** * ***Letter from your financial institution indicating a current line of credit*** * ***Letter from your bonding company indicating a current bonding capacity*** * ***Letter from your insurance agent confirming your EMR for the last three years*** * ***Most recent Audited Financial Statement (OPTIONAL)*** | | | |