

Subcontractor/Vendor Prequalification Form

Referred by

Bilbrey Const. Contact: Bilbrey Construction Project:

Have you worked with BCI before? Yes No

I. General Information

Company Federal ID Number

Address Year Business Started

City Main Contact

Contact Title

State Zip Code

Phone

Fax

Email

Website

Union Yes No Subcontractor Vendor/Supplier

Contractor's License(s), States and Numbers

State	Contract Number	Exp Date
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

II. Organization

Business Type: Corporation Partnership Limited Liability Company Sole Proprietor Joint Venture

List the name, title, years with company and percent of ownership of the company's principals:

Name	Title	Number of Yrs w/ Co	% Ownership
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Is your company owned or controlled by a parent company or other organization? Yes No

Provide name of parent company:

Provide number of: Office Staff Field Supervisors Average Field Labor Average Shop Labor



Subcontractor/Vendor Prequalification Form

V. Safety

OSHA Record

Has your firm had any OSHA citations, fines, or jobsite fatalities within the most recent three (3) years?

Yes No If yes, please attach a detailed description of the incident (include – location, date, type or inspection, standard(s) cited, violation type (other, serious, repeat, willful), current status and steps taken to prevent a recurrence.)

Workers' Compensation

Please list your firm's workers' compensation experience modification rate (EMR) for the last three (3) years and attach written documentation from your insurance broker confirming these rates.

Year	<input type="text"/>	Year	<input type="text"/>	Year	<input type="text"/>
Rate	<input type="text"/>	Rate	<input type="text"/>	Rate	<input type="text"/>

Employee hours worked the last three years:

OSHA 300 Log Information (List the last three years of information shown below.)

Year	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Fatalities (Column G)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Cases Days Away From Work (Column H)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No of Job Transfer or Restriction (Column I)	<input type="text"/>	<input type="text"/>	<input type="text"/>
No. of Other Recordable Cases (Column J)	<input type="text"/>	<input type="text"/>	<input type="text"/>

VI. Experience

Trade Categories

Please list the PRIMARY categories of work your firm performs.

<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Preferred contract size Up to \$250K Up to \$500K Up to \$1M Up to \$5M \$5M+

Subcontractor/Vendor Prequalification Form

VII. Performance References

Provide four references below. Each reference should be from a different general contractor. These references should be for work completed in the last five years and should be representative of the work you are trying to prequalify for now. **One must be for your largest project within the last two years.** **NOTE: The contact provided must have *direct knowledge of your performance on that project.* Leaving out any requested contact information including email address will delay processing of your form.**

1. Project Name General Contractor Subcontract Value
Contact Name Contact E-Mail Contact Phone Contact Fax

2. Project Name General Contractor Subcontract Value
Contact Name Contact E-Mail Contact Phone Contact Fax

3. Project Name General Contractor Subcontract Value
Contact Name Contact E-Mail Contact Phone Contact Fax

4. Project Name General Contractor Subcontract Value
Contact Name Contact E-Mail Contact Phone Contact Fax

Subcontractor/Vendor Prequalification Form

VIII. References

Banking

Name Contact Phone
City State Zip Code Since

Bonding

Attach formal letter from bonding company

Bonding Company Surety Broker/Agent
Contact Person Phone Time with Bond Co?
Bond Capacity per Project Aggregate
Bond Co. Rating Last Bond Issued: Date Amount Rate %

Insurance

Attach current copy of insurance certificate

General Liability Carrier Effective Expiration
Limit Insurance Broker/Agent Phone

Please provide Dunn & Bradstreet Number

1. Supplier Name Location
Contact Name Phone

3. Supplier Name Location
Contact Name Phone

2. Supplier Name Location
Contact Name Phone

Subcontractor/Vendor Prequalification Form

IX. Additional Information

Please attach any additional information to help us determine your company's qualifications and expertise.

X. Signature

By signing this form, I certify that the information provided therein is accurate, correct, and true. By submitting a valid bid, the subcontractor or vendor authorizes Bilbrey Construction, Inc. to obtain a written or oral credit report on the subcontractor's or vendor's business entity from any credit-reporting agency. The subcontractor or vendor authorizes any bank, commercial business, or bonding company with whom the subcontractor or vendor has current or inactive experience to give any and all necessary information to Bilbrey Construction, which will assist Bilbrey in the Subcontractor/Vendor Evaluation. The subcontractor or vendor further authorizes Bilbrey to reinvestigate the status from time-to-time, as Bilbrey deems necessary.

Printed Name

Date

Signature

Phone

Title

Prepared By